

## Union Calendar No. 444

110TH CONGRESS  
2D SESSION

# H. R. 1328

[Report No. 110-564, Part I]

To amend the Indian Health Care Improvement Act to revise and extend that Act.

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### IN THE HOUSE OF REPRESENTATIVES

MARCH 6, 2007

Mr. PALLONE (for himself, Mr. RAHALL, Mr. YOUNG of Alaska, Mr. KILDEE, Mr. GEORGE MILLER of California, Mr. FALEOMAVAEGA, Mrs. CHRISTENSEN, Mr. GRIJALVA, Mr. BOREN, Mr. HINCHEY, Mr. KENNEDY, Mr. KIND, Mr. INSLEE, Mr. BACA, Mr. UDALL of New Mexico, Mr. RENZI, Mr. WU, Mr. CONYERS, Mr. OBERSTAR, Mr. THOMPSON of California, Mr. WAXMAN, Mr. COLE of Oklahoma, Mr. BOSWELL, Ms. HERSETH, Mr. ENGEL, Mr. KAGEN, Ms. BORDALLO, Mrs. BONO, Mr. MORAN of Virginia, Mr. McDERMOTT, Mr. HONDA, Mr. FILNER, Mr. McKEON, and Ms. SOLIS) introduced the following bill; which was referred to the Committee on Natural Resources, and in addition to the Committees on Energy and Commerce and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

APRIL 4, 2008

Reported from the Committee on Natural Resources with an amendment

[Strike out all after the enacting clause and insert the part printed in *italic*]

APRIL 4, 2008

Referral to the Committees on Energy and Commerce and Ways and Means extended for a period ending not later than June 6, 2008

JUNE 6, 2008

Additional sponsors: Mr. UDALL of Colorado, Mr. ALLEN, Mr. WALDEN of Oregon, Mr. BERMAN, Ms. ZOE LOFGREN of California, Ms. LINDA T. SÁNCHEZ of California, Mr. LARSON of Connecticut, Mrs. CAPPS, Mrs. WILSON of New Mexico, Mr. McCOTTER, Mr. MITCHELL, Mr. HINOJOSA,

Mr. MICHAUD, Mr. GORDON of Tennessee, Ms. DEGETTE, Ms. CARSON, Mr. CAPUANO, Mr. BLUMENAUER, Mr. MATHIESON, Mr. PETERSON of Minnesota, Ms. BALDWIN, Mr. WALZ of Minnesota, Mr. PEARCE, Mr. MEEKS of New York, and Mr. SALAZAR

JUNE 6, 2008

Committees on Energy and Commerce and Ways and Means discharged; committed to the Committee of the Whole House on the State of the Union and ordered to be printed

[For text of introduced bill, see copy of bill as introduced on March 6, 2007]

## A BILL

To amend the Indian Health Care Improvement Act to revise and extend that Act.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) *SHORT TITLE.*—*This Act may be cited as the “In-*  
5 *dian Health Care Improvement Act Amendments of 2007”.*

6 (b) *TABLE OF CONTENTS.*—*The table of contents of this*  
7 *Act is as follows:*

*Sec. 1. Short title; table of contents.*

### TITLE I—AMENDMENTS TO INDIAN LAWS

*Sec. 101. Indian Health Care Improvement Act amended.*

*Sec. 102. Soboba sanitation facilities.*

*Sec. 103. Native American Health and Wellness Foundation.*

### TITLE II—IMPROVEMENT OF INDIAN HEALTH CARE PROVIDED UNDER THE SOCIAL SECURITY ACT

*Sec. 201. Expansion of payments under Medicare, Medicaid, and SCHIP for all covered services furnished by Indian Health Programs.*

*Sec. 202. Increased outreach to Indians under Medicaid and SCHIP and improved cooperation in the provision of items and services to Indians under Social Security Act health benefit programs.*

*Sec. 203. Additional provisions to increase outreach to, and enrollment of, Indians in SCHIP and Medicaid.*

*Sec. 204. Premiums and cost sharing protections under Medicaid, eligibility determinations under Medicaid and SCHIP, and protection of certain Indian property from Medicaid estate recovery.*

*Sec. 205. Nondiscrimination in qualifications for payment for services under Federal health care programs.*

*Sec. 206. Consultation on Medicaid, SCHIP, and other health care programs funded under the Social Security Act involving Indian Health Programs and Urban Indian Organizations.*

*Sec. 207. Exclusion waiver authority for affected Indian Health Programs and safe harbor transactions under the Social Security Act.*

*Sec. 208. Rules applicable under Medicaid and SCHIP to managed care entities with respect to Indian enrollees and Indian health care providers and Indian managed care entities.*

*Sec. 209. Annual report on Indians served by Social Security Act health benefit programs.*

## 1 **SEC. 2. REPORT ON THIRD-PARTY PAYMENT COLLECTIONS.**

2       (a) *STUDY.*—The Secretary of Health and Human  
3 Services shall conduct a thorough study of the system of  
4 third-party payment collections for items and services fur-  
5 nished through the Indian Health Service.

6       (b) *REPORT.*—Not later than 6 months after the date  
7 of the enactment of this Act, the Secretary shall submit to  
8 each House of Congress a report on such study. Such report  
9 shall include such recommendations on how to improve such  
10 third-party payment collections as the Secretary determines  
11 appropriate.

## 12       **TITLE I—AMENDMENTS TO** 13       **INDIAN LAWS**

### 14 **SEC. 101. INDIAN HEALTH CARE IMPROVEMENT ACT** 15 **AMENDED.**

16       (a) *IN GENERAL.*—The Indian Health Care Improve-  
17 ment Act (25 U.S.C. 1601 et seq.) is amended to read as  
18 follows:

1 **“SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

2       “(a) *SHORT TITLE.*—This Act may be cited as the ‘In-  
3 *dian Health Care Improvement Act*’.

4       “(b) *TABLE OF CONTENTS.*—The table of contents for  
5 *this Act is as follows:*

“Sec. 1. *Short title; table of contents.*

“Sec. 2. *Findings.*

“Sec. 3. *Declaration of national Indian health policy.*

“Sec. 4. *Definitions.*

“TITLE I—INDIAN HEALTH, HUMAN RESOURCES, AND  
DEVELOPMENT

“Sec. 101. *Purpose.*

“Sec. 102. *Health professions recruitment program for Indians.*

“Sec. 103. *Health professions preparatory scholarship program for Indians.*

“Sec. 104. *Indian health professions scholarships.*

“Sec. 105. *American Indians Into Psychology Program.*

“Sec. 106. *Scholarship programs for Indian Tribes.*

“Sec. 107. *Indian Health Service extern programs.*

“Sec. 108. *Continuing education allowances.*

“Sec. 109. *Community Health Representative Program.*

“Sec. 110. *Indian Health Service Loan Repayment Program.*

“Sec. 111. *Scholarship and Loan Repayment Recovery Fund.*

“Sec. 112. *Recruitment activities.*

“Sec. 113. *Indian recruitment and retention program.*

“Sec. 114. *Advanced training and research.*

“Sec. 115. *Quentin N. Burdick American Indians Into Nursing Program.*

“Sec. 116. *Tribal cultural orientation.*

“Sec. 117. *INMED Program.*

“Sec. 118. *Health training programs of community colleges.*

“Sec. 119. *Retention bonus.*

“Sec. 120. *Nursing residency program.*

“Sec. 121. *Community Health Aide Program.*

“Sec. 122. *Tribal Health Program administration.*

“Sec. 123. *Health professional chronic shortage demonstration programs.*

“Sec. 124. *National Health Service Corps.*

“Sec. 125. *Substance abuse counselor educational curricula demonstration pro-  
grams.*

“Sec. 126. *Behavioral health training and community education programs.*

“Sec. 127. *Authorization of appropriations.*

“TITLE II—HEALTH SERVICES

“Sec. 201. *Indian Health Care Improvement Fund.*

“Sec. 202. *Catastrophic Health Emergency Fund.*

“Sec. 203. *Health promotion and disease prevention services.*

“Sec. 204. *Diabetes prevention, treatment, and control.*

“Sec. 205. *Shared services for long-term care.*

“Sec. 206. *Health services research.*



- "Sec. 207. Mammography and other cancer screening.*
- "Sec. 208. Patient travel costs.*
- "Sec. 209. Epidemiology centers.*
- "Sec. 210. Comprehensive school health education programs.*
- "Sec. 211. Indian youth program.*
- "Sec. 212. Prevention, control, and elimination of communicable and infectious diseases.*
- "Sec. 213. Authority for provision of other services.*
- "Sec. 214. Indian women's health care.*
- "Sec. 215. Environmental and nuclear health hazards.*
- "Sec. 216. Arizona as a contract health service delivery area.*
- "Sec. 217. North Dakota and South Dakota as contract health service delivery area.*
- "Sec. 218. California contract health services program.*
- "Sec. 219. California as a contract health service delivery area.*
- "Sec. 220. Contract health services for the Trenton Service Area.*
- "Sec. 221. Programs operated by Indian Tribes and Tribal Organizations.*
- "Sec. 222. Licensing.*
- "Sec. 223. Notification of provision of emergency contract health services.*
- "Sec. 224. Prompt action on payment of claims.*
- "Sec. 225. Liability for payment.*
- "Sec. 226. Office of Indian Men's Health.*
- "Sec. 227. Authorization of appropriations.*

#### *"TITLE III—FACILITIES*

- "Sec. 301. Consultation; construction and renovation of facilities; reports.*
- "Sec. 302. Sanitation facilities.*
- "Sec. 303. Preference to Indians and Indian firms.*
- "Sec. 304. Expenditure of non-Service funds for renovation.*
- "Sec. 305. Funding for the construction, expansion, and modernization of small ambulatory care facilities.*
- "Sec. 306. Indian health care delivery demonstration project.*
- "Sec. 307. Land transfer.*
- "Sec. 308. Leases, contracts, and other agreements.*
- "Sec. 309. Study on loans, loan guarantees, and loan repayment.*
- "Sec. 310. Tribal leasing.*
- "Sec. 311. Indian Health Service/tribal facilities joint venture program.*
- "Sec. 312. Location of facilities.*
- "Sec. 313. Maintenance and improvement of health care facilities.*
- "Sec. 314. Tribal management of federally-owned quarters.*
- "Sec. 315. Applicability of Buy American Act requirement.*
- "Sec. 316. Other funding for facilities.*
- "Sec. 317. Authorization of appropriations.*

#### *"TITLE IV—ACCESS TO HEALTH SERVICES*

- "Sec. 401. Treatment of payments under Social Security Act health benefits programs.*
- "Sec. 402. Grants to and contracts with the Service, Indian Tribes, Tribal Organizations, and Urban Indian Organizations to facilitate outreach, enrollment, and coverage of Indians under Social Security Act health benefit programs and other health benefits programs.*
- "Sec. 403. Reimbursement from certain third parties of costs of health services.*
- "Sec. 404. Crediting of reimbursements.*
- "Sec. 405. Purchasing health care coverage.*

- "Sec. 406. Sharing arrangements with Federal agencies.*
- "Sec. 407. Payor of last resort.*
- "Sec. 408. Nondiscrimination under Federal health care programs in qualifications for reimbursement for services.*
- "Sec. 409. Consultation.*
- "Sec. 410. State Children's Health Insurance Program (SCHIP).*
- "Sec. 411. Exclusion waiver authority for affected Indian Health Programs and safe harbor transactions under the Social Security Act.*
- "Sec. 412. Premium and cost sharing protections and eligibility determinations under Medicaid and SCHIP and protection of certain Indian property from Medicaid estate recovery.*
- "Sec. 413. Treatment under Medicaid and SCHIP managed care.*
- "Sec. 414. Navajo Nation Medicaid Agency feasibility study.*
- "Sec. 415. General exceptions.*
- "Sec. 416. Authorization of appropriations.*

#### *"TITLE V—HEALTH SERVICES FOR URBAN INDIANS*

- "Sec. 501. Purpose.*
- "Sec. 502. Contracts with, and grants to, Urban Indian Organizations.*
- "Sec. 503. Contracts and grants for the provision of health care and referral services.*
- "Sec. 504. Contracts and grants for the determination of unmet health care needs.*
- "Sec. 505. Evaluations; renewals.*
- "Sec. 506. Other contract and grant requirements.*
- "Sec. 507. Reports and records.*
- "Sec. 508. Limitation on contract authority.*
- "Sec. 509. Facilities.*
- "Sec. 510. Division of Urban Indian Health.*
- "Sec. 511. Grants for alcohol and substance abuse-related services.*
- "Sec. 512. Treatment of certain demonstration projects.*
- "Sec. 513. Urban NIAAA transferred programs.*
- "Sec. 514. Consultation with Urban Indian Organizations.*
- "Sec. 515. Urban youth treatment center demonstration.*
- "Sec. 516. Grants for diabetes prevention, treatment, and control.*
- "Sec. 517. Community health representatives.*
- "Sec. 518. Effective date.*
- "Sec. 519. Eligibility for services.*
- "Sec. 520. Authorization of appropriations.*

#### *"TITLE VI—ORGANIZATIONAL IMPROVEMENTS*

- "Sec. 601. Establishment of the Indian Health Service as an agency of the Public Health Service.*
- "Sec. 602. Automated management information system.*
- "Sec. 603. Authorization of appropriations.*

#### *"TITLE VII—BEHAVIORAL HEALTH PROGRAMS*

- "Sec. 701. Behavioral health prevention and treatment services.*
- "Sec. 702. Memoranda of agreement with the Department of the Interior.*
- "Sec. 703. Comprehensive behavioral health prevention and treatment program.*
- "Sec. 704. Mental health technician program.*
- "Sec. 705. Licensing requirement for mental health care workers.*
- "Sec. 706. Indian women treatment programs.*
- "Sec. 707. Indian youth program.*

- "Sec. 708. *Indian youth telemental health demonstration project.*
- "Sec. 709. *Inpatient and community-based mental health facilities design, construction, and staffing.*
- "Sec. 710. *Training and community education.*
- "Sec. 711. *Behavioral health program.*
- "Sec. 712. *Fetal alcohol disorder programs.*
- "Sec. 713. *Child sexual abuse and prevention treatment programs.*
- "Sec. 714. *Behavioral health research.*
- "Sec. 715. *Definitions.*
- "Sec. 716. *Authorization of appropriations.*

#### "TITLE VIII—MISCELLANEOUS

- "Sec. 801. *Reports.*
- "Sec. 802. *Regulations.*
- "Sec. 803. *Plan of implementation.*
- "Sec. 804. *Availability of funds.*
- "Sec. 805. *Limitation on use of funds appropriated to Indian Health Service.*
- "Sec. 806. *Eligibility of California Indians.*
- "Sec. 807. *Health services for ineligible persons.*
- "Sec. 808. *Reallocation of base resources.*
- "Sec. 809. *Results of demonstration projects.*
- "Sec. 810. *Provision of services in Montana.*
- "Sec. 811. *Moratorium.*
- "Sec. 812. *Severability provisions.*
- "Sec. 813. *Establishment of National Bipartisan Commission on Indian Health Care.*
- "Sec. 814. *Confidentiality of medical quality assurance records; qualified immunity for participants.*
- "Sec. 815. *Appropriations; availability.*
- "Sec. 816. *Authorization of appropriations.*

#### 1 "SEC. 2. FINDINGS.

2 "Congress makes the following findings:

3 " (1) *Federal health services to maintain and im-*  
 4 *prove the health of the Indians are consonant with*  
 5 *and required by the Federal Government's historical*  
 6 *and unique legal relationship with, and resulting re-*  
 7 *sponsibility to, the American Indian people.*

8 " (2) *A major national goal of the United States*  
 9 *is to provide the quantity and quality of health serv-*  
 10 *ices which will permit the health status of Indians to*  
 11 *be raised to the highest possible level and to encourage*

1     *the maximum participation of Indians in the plan-*  
2     *ning and management of those services.*

3           “(3) Federal health services to Indians have re-  
4       sulted in a reduction in the prevalence and incidence  
5       of preventable illnesses among, and unnecessary and  
6       premature deaths of, Indians.

“(4) Despite such services, the unmet health needs of the American Indian people are severe and the health status of the Indians is far below that of the general population of the United States.

11 "SEC. 3. *DECLARATION OF NATIONAL INDIAN HEALTH POL-*  
12 *ICY.*

13       *“Congress declares that it is the policy of this Nation,*  
14 *in fulfillment of its special trust responsibilities and legal*  
15 *obligations to Indians—*

16           “(1) to assure the highest possible health status  
17       for Indians and Urban Indians and to provide all re-  
18       sources necessary to effect that policy;

19 “(2) to raise the health status of Indians and  
20 Urban Indians to at least the levels set forth in the  
21 goals contained within the Healthy People 2010 or  
22 successor objectives;

“(3) to the greatest extent possible, to allow Indians to set their own health care priorities and establish goals that reflect their unmet needs;



1           “(4) to increase the proportion of all degrees in  
2     the health professions and allied and associated health  
3     professions awarded to Indians so that the proportion  
4     of Indian health professionals in each Service Area is  
5     raised to at least the level of that of the general popu-  
6     lation;

7           “(5) to require meaningful consultation with In-  
8     dian Tribes, Tribal Organizations, and Urban Indian  
9     Organizations to implement this Act and the national  
10    policy of Indian self-determination; and

11          “(6) to provide funding for programs and facili-  
12    ties operated by Indian Tribes and Tribal Organiza-  
13    tions in amounts that are not less than the amounts  
14    provided to programs and facilities operated directly  
15    by the Service.

16   **“SEC. 4. DEFINITIONS.**

17          *“For purposes of this Act:*

18               “(1) The term ‘accredited and accessible’ means  
19     on or near a reservation and accredited by a national  
20     or regional organization with accrediting authority.

21               “(2) The term ‘Area Office’ means an adminis-  
22     trative entity, including a program office, within the  
23     Service through which services and funds are pro-  
24     vided to the Service Units within a defined geo-  
25     graphic area.



1           “(3) *The term ‘Assistant Secretary’ means the*  
2           *Assistant Secretary of Indian Health.*

3           “(4)(A) *The term ‘behavioral health’ means the*  
4           *blending of substance (alcohol, drugs, inhalants, and*  
5           *tobacco) abuse and mental health prevention and*  
6           *treatment, for the purpose of providing comprehensive*  
7           *services.*

8           “(B) *The term ‘behavioral health’ includes the*  
9           *joint development of substance abuse and mental*  
10           *health treatment planning and coordinated case man-*  
11           *agement using a multidisciplinary approach.*

12           “(5) *The term ‘California Indians’ means those*  
13           *Indians who are eligible for health services of the*  
14           *Service pursuant to section 806.*

15           “(6) *The term ‘community college’ means—*

16                   “(A) *a tribal college or university, or*

17                   “(B) *a junior or community college.*

18           “(7) *The term ‘contract health service’ means*  
19           *health services provided at the expense of the Service*  
20           *or a Tribal Health Program by public or private*  
21           *medical providers or hospitals, other than the Service*  
22           *Unit or the Tribal Health Program at whose expense*  
23           *the services are provided.*

“(8) The term ‘Department’ means, unless otherwise designated, the Department of Health and Human Services.

“(9) The term ‘disease prevention’ means the reduction, limitation, and prevention of disease and its complications and reduction in the consequences of disease, including—

“(A) controlling—

“(i) the development of diabetes;

“(ii) high blood pressure;

“(iii) infectious agents;

“(iv) injuries;

“(v) occupational hazards and disabilities;

“(vi) sexually transmittable diseases;

and

“(vii) toxic agents; and

“(B) providing—

“(i) fluoridation of water; and

“(ii) immunizations.

“(10) The term ‘health profession’ means allopathic medicine, family medicine, internal medicine, pediatrics, geriatric medicine, obstetrics and gynecology, podiatric medicine, nursing, public health nursing, dentistry, psychiatry, osteopathy, optometry,

1     *pharmacy, psychology, public health, social work,*  
2     *marriage and family therapy, chiropractic medicine,*  
3     *environmental health and engineering, allied health*  
4     *professions, naturopathic medicine, and any other*  
5     *health profession.*

6             “(11) The term ‘health promotion’ means—

7                 “(A) fostering social, economic, environ-  
8                 *mental, and personal factors conducive to health,*  
9                 *including raising public awareness about health*  
10                *matters and enabling the people to cope with*  
11                *health problems by increasing their knowledge*  
12                *and providing them with valid information;*

13                “(B) encouraging adequate and appropriate  
14                *diet, exercise, and sleep;*

15                “(C) promoting education and work in con-  
16                *formity with physical and mental capacity;*

17                “(D) making available safe water and sani-  
18                *tary facilities;*

19                “(E) improving the physical, economic, cul-  
20                *tural, psychological, and social environment;*

21                “(F) promoting culturally competent care;  
22                *and*

23                “(G) providing adequate and appropriate  
24                *programs, which may include—*

1                   “(i) abuse prevention (mental and  
2                   physical);

3                   “(ii) community health;

4                   “(iii) community safety;

5                   “(iv) consumer health education;

6                   “(v) diet and nutrition;

7                   “(vi) immunization and other preven-  
8                   tion of communicable diseases, including  
9                   HIV/AIDS;

10                  “(vii) environmental health;

11                  “(viii) exercise and physical fitness;

12                  “(ix) avoidance of fetal alcohol dis-  
13                  orders;

14                  “(x) first aid and CPR education;

15                  “(xi) human growth and development;

16                  “(xii) injury prevention and personal  
17                  safety;

18                  “(xiii) behavioral health;

19                  “(xiv) monitoring of disease indicators  
20                  between health care provider visits, through  
21                  appropriate means, including Internet-  
22                  based health care management systems;

23                  “(xv) personal health and wellness  
24                  practices;

25                  “(xvi) personal capacity building;

1                   “(xvii) prenatal, pregnancy, and in-  
2                   fant care;

3                   “(xviii) psychological well-being;

4                   “(xix) reproductive health and family  
5                   planning;

6                   “(xx) safe and adequate water;

7                   “(xxi) healthy work environments;

8                   “(xxii) elimination, reduction, and  
9                   prevention of contaminants that create  
10                  unhealthy household conditions (including  
11                  mold and other allergens);

12                  “(xxiii) stress control;

13                  “(xxiv) substance abuse;

14                  “(xxv) sanitary facilities;

15                  “(xxvi) sudden infant death syndrome  
16                  prevention;

17                  “(xxvii) tobacco use cessation and re-  
18                  duction;

19                  “(xxviii) violence prevention; and

20                  “(xxix) such other activities identified  
21                  by the Service, a Tribal Health Program, or  
22                  an Urban Indian Organization, to promote  
23                  achievement of any of the objectives de-  
24                  scribed in section 3(2).



1           “(12) The term ‘Indian’, unless otherwise des-  
2           ignated, means any person who is a member of an In-  
3           dian Tribe or is eligible for health services under sec-  
4           tion 806, except that, for the purpose of sections 102  
5           and 103, the term also means any individual who—

6                   “(A)(i) irrespective of whether the indi-  
7                   vidual lives on or near a reservation, is a mem-  
8                   ber of a tribe, band, or other organized group of  
9                   Indians, including those tribes, bands, or groups  
10                  terminated since 1940 and those recognized now  
11                  or in the future by the State in which they re-  
12                  side; or

13                  “(ii) is a descendant, in the first or second  
14                  degree, of any such member;

15                  “(B) is an Eskimo or Aleut or other Alaska  
16                  Native;

17                  “(C) is considered by the Secretary of the  
18                  Interior to be an Indian for any purpose; or

19                  “(D) is determined to be an Indian under  
20                  regulations promulgated by the Secretary.

21           “(13) The term ‘Indian Health Program’  
22           means—

23                   “(A) any health program administered di-  
24                   rectly by the Service;

25                   “(B) any Tribal Health Program; or

1           “(C) any Indian Tribe or Tribal Organiza-  
2           tion to which the Secretary provides funding  
3           pursuant to section 23 of the Act of June 25,  
4           1910 (25 U.S.C. 47) (commonly known as the  
5           ‘Buy Indian Act’).

6           “(14) The term ‘Indian Tribe’ has the meaning  
7           given the term in the Indian Self-Determination and  
8           Education Assistance Act (25 U.S.C. 450 et seq.).

9           “(15) The term ‘junior or community college’ has  
10          the meaning given the term by section 312(e) of the  
11          Higher Education Act of 1965 (20 U.S.C. 1058(e)).

12          “(16) The term ‘reservation’ means any federally  
13          recognized Indian Tribe’s reservation, Pueblo, or col-  
14          ony, including former reservations in Oklahoma, In-  
15          dian allotments, and Alaska Native Regions estab-  
16          lished pursuant to the Alaska Native Claims Settle-  
17          ment Act (43 U.S.C. 1601 et seq.).

18          “(17) The term ‘Secretary’, unless otherwise des-  
19          ignated, means the Secretary of Health and Human  
20          Services.

21          “(18) The term ‘Service’ means the Indian  
22          Health Service.

23          “(19) The term ‘Service Area’ means the geo-  
24          graphical area served by each Area Office.

1           “(20) The term ‘Service Unit’ means an admin-  
2           istrative entity of the Service, or a Tribal Health Pro-  
3           gram through which services are provided, directly or  
4           by contract, to eligible Indians within a defined geo-  
5           graphic area.

6           “(21) The term ‘telehealth’ has the meaning  
7           given the term in section 330K(a) of the Public  
8           Health Service Act (42 U.S.C. 254c–16(a)).

9           “(22) The term ‘telemedicine’ means a tele-  
10          communications link to an end user through the use  
11          of eligible equipment that electronically links health  
12          professionals or patients and health professionals at  
13          separate sites in order to exchange health care infor-  
14          mation in audio, video, graphic, or other format for  
15          the purpose of providing improved health care serv-  
16          ices.

17          “(23) The term ‘tribal college or university’ has  
18          the meaning given the term in section 316(b)(3) of the  
19          Higher Education Act (20 U.S.C. 1059c(b)(3)).

20          “(24) The term ‘Tribal Health Program’ means  
21          an Indian Tribe or Tribal Organization that operates  
22          any health program, service, function, activity, or fa-  
23          cility funded, in whole or part, by the Service  
24          through, or provided for in, a contract or compact

1       *with the Service under the Indian Self-Determination*  
2       *and Education Assistance Act (25 U.S.C. 450 et seq.).*

3               “(25) The term ‘Tribal Organization’ has the  
4       meaning given the term in the Indian Self-Deter-  
5       mination and Education Assistance Act (25 U.S.C.  
6       450 et seq.).

7               “(26) The term ‘Urban Center’ means any com-  
8       munity which has a sufficient Urban Indian popu-  
9       lation with unmet health needs to warrant assistance  
10      under title V of this Act, as determined by the Sec-  
11      retary.

12              “(27) The term ‘Urban Indian’ means any indi-  
13      vidual who resides in an Urban Center and who  
14      meets 1 or more of the following criteria:

15              “(A) Irrespective of whether the individual  
16      lives on or near a reservation, the individual is  
17      a member of a tribe, band, or other organized  
18      group of Indians, including those tribes, bands,  
19      or groups terminated since 1940 and those tribes,  
20      bands, or groups that are recognized by the  
21      States in which they reside, or who is a descend-  
22      ant in the first or second degree of any such  
23      member.

24              “(B) The individual is an Eskimo, Aleut, or  
25      other Alaska Native.

“(C) The individual is considered by the Secretary of the Interior to be an Indian for any purpose.

“(D) The individual is determined to be an Indian under regulations promulgated by the Secretary.

“(28) The term ‘Urban Indian Organization’ means a nonprofit corporate body that (A) is situated in an Urban Center; (B) is governed by an Urban Indian-controlled board of directors; (C) provides for the participation of all interested Indian groups and individuals; and (D) is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in section 503(a).

## **“TITLE I—INDIAN HEALTH, HUMAN RESOURCES, AND DE- VELOPMENT**

### **“SEC. 101. PURPOSE.**

“The purpose of this title is to increase, to the maximum extent feasible, the number of Indians entering the health professions and providing health services, and to assure an optimum supply of health professionals to the Indian Health Programs and Urban Indian Organizations involved in the provision of health services to Indians.



1   **“SEC. 102. HEALTH PROFESSIONS RECRUITMENT PROGRAM**  
2                   **FOR INDIANS.**

3           “(a) *IN GENERAL.*—The Secretary, acting through the  
4   Service, shall make grants to public or nonprofit private  
5   health or educational entities, Tribal Health Programs, or  
6   Urban Indian Organizations to assist such entities in meet-  
7   ing the costs of—

8                   “(1) *identifying Indians with a potential for*  
9           *education or training in the health professions and*  
10          *encouraging and assisting them—*

11                   “(A) *to enroll in courses of study in such*  
12          *health professions; or*

13                   “(B) *if they are not qualified to enroll in*  
14          *any such courses of study, to undertake such*  
15          *postsecondary education or training as may be*  
16          *required to qualify them for enrollment;*

17                   “(2) *publicizing existing sources of financial aid*  
18          *available to Indians enrolled in any course of study*  
19          *referred to in paragraph (1) or who are undertaking*  
20          *training necessary to qualify them to enroll in any*  
21          *such course of study; or*

22                   “(3) *establishing other programs which the Sec-*  
23          *retary determines will enhance and facilitate the en-*  
24          *rollment of Indians in, and the subsequent pursuit*  
25          *and completion by them of, courses of study referred*  
26          *to in paragraph (1).*

1 “(b) GRANTS.—

2 “(1) APPLICATION.—The Secretary shall not  
3 make a grant under this section unless an application  
4 has been submitted to, and approved by, the Sec-  
5 retary. Such application shall be in such form, sub-  
6 mitted in such manner, and contain such informa-  
7 tion, as the Secretary shall by regulation prescribe  
8 pursuant to this Act. The Secretary shall give a pref-  
9 erence to applications submitted by Tribal Health  
10 Programs or Urban Indian Organizations.

11 “(2) AMOUNT OF GRANTS; PAYMENT.—The  
12 amount of a grant under this section shall be deter-  
13 mined by the Secretary. Payments pursuant to this  
14 section may be made in advance or by way of reim-  
15 bursement, and at such intervals and on such condi-  
16 tions as provided for in regulations issued pursuant  
17 to this Act. To the extent not otherwise prohibited by  
18 law, grants shall be for 3 years, as provided in regu-  
19 lations issued pursuant to this Act.

20 **“SEC. 103. HEALTH PROFESSIONS PREPARATORY SCHOLAR-**  
21 **SHIP PROGRAM FOR INDIANS.**

22 “(a) SCHOLARSHIPS AUTHORIZED.—The Secretary,  
23 acting through the Service, shall provide scholarship grants  
24 to Indians who—

1           “(1) have successfully completed their high school  
2       education or high school equivalency; and

3           “(2) have demonstrated the potential to success-  
4       fully complete courses of study in the health profes-  
5       sions.

6       “(b) *PURPOSES.*—Scholarship grants provided pursu-  
7       ant to this section shall be for the following purposes:

8           “(1) Compensatory preprofessional education of  
9       any recipient, such scholarship not to exceed 2 years  
10      on a full-time basis (or the part-time equivalent there-  
11      of, as determined by the Secretary pursuant to regu-  
12      lations issued under this Act).

13          “(2) Pregraduate education of any recipient  
14      leading to a baccalaureate degree in an approved  
15      course of study preparatory to a field of study in a  
16      health profession, such scholarship not to exceed 4  
17      years. An extension of up to 2 years (or the part-time  
18      equivalent thereof, as determined by the Secretary  
19      pursuant to regulations issued pursuant to this Act)  
20      may be approved.

21       “(c) *OTHER CONDITIONS.*—Scholarships under this  
22      section—

23           “(1) may cover costs of tuition, books, transpor-  
24      tation, board, and other necessary related expenses of  
25      a recipient while attending school;

“(2) shall not be denied solely on the basis of the applicant’s scholastic achievement if such applicant has been admitted to, or<sup>2</sup> maintained good standing at, an accredited institution; and

“(3) shall not be denied solely by reason of such applicant’s eligibility for assistance or benefits under any other Federal program.

**“SEC. 104. INDIAN HEALTH PROFESSIONS SCHOLARSHIPS.**

“(a) *IN GENERAL.*—

“(1) *AUTHORITY.*—The Secretary, acting through the Service, shall make scholarship grants to Indians who are enrolled full or part time in accredited schools pursuing courses of study in the health professions. Such scholarships shall be designated Indian Health Scholarships and shall be made in accordance with section 338A of the Public Health Services Act (42 U.S.C. 254l), except as provided in subsection (b) of this section.

“(2) *DETERMINATIONS BY SECRETARY.*—The Secretary, acting through the Service, shall determine—

“(A) who shall receive scholarship grants under subsection (a); and

“(B) the distribution of the scholarships among health professions on the basis of the rel-

1           *ative needs of Indians for additional service in*  
2           *the health professions.*

3           “(3) CERTAIN DELEGATION NOT ALLOWED.—*The*  
4           *administration of this section shall be a responsibility*  
5           *of the Assistant Secretary and shall not be delegated*  
6           *in a contract or compact under the Indian Self-Deter-*  
7           *mination and Education Assistance Act (25 U.S.C.*  
8           *450 et seq.).*

9           “(b) ACTIVE DUTY SERVICE OBLIGATION.—

10           “(1) OBLIGATION MET.—*The active duty service*  
11           *obligation under a written contract with the Sec-*  
12           *retary under this section that an Indian has entered*  
13           *into shall, if that individual is a recipient of an In-*  
14           *dian Health Scholarship, be met in full-time practice*  
15           *equal to 1 year for each school year for which the par-*  
16           *ticipant receives a scholarship award under this part,*  
17           *or 2 years, whichever is greater, by service in 1 or*  
18           *more of the following:*

19                   “(A) *In an Indian Health Program.*

20                   “(B) *In a program assisted under title V of*  
21           *this Act.*

22                   “(C) *In the private practice of the applica-*  
23           *ble profession if, as determined by the Secretary,*  
24           *in accordance with guidelines promulgated by*  
25           *the Secretary, such practice is situated in a phy-*



1       sician or other health professional shortage area  
2       and addresses the health care needs of a substan-  
3       tial number of Indians.

4               “(D) In a teaching capacity in a tribal col-  
5       lege or university nursing program (or a related  
6       health profession program) if, as determined by  
7       the Secretary, the health service provided to In-  
8       dians would not decrease.

9               “(2) OBLIGATION DEFERRED.—At the request of  
10      any individual who has entered into a contract re-  
11      ferred to in paragraph (1) and who receives a degree  
12      in medicine (including osteopathic or allopathic med-  
13      icine), dentistry, optometry, podiatry, or pharmacy,  
14      the Secretary shall defer the active duty service obli-  
15      gation of that individual under that contract, in  
16      order that such individual may complete any intern-  
17      ship, residency, or other advanced clinical training  
18      that is required for the practice of that health profes-  
19      sion, for an appropriate period (in years, as deter-  
20      mined by the Secretary), subject to the following con-  
21      ditions:

22               “(A) No period of internship, residency, or  
23      other advanced clinical training shall be counted  
24      as satisfying any period of obligated service  
25      under this subsection.

1           “(B) The active duty service obligation of  
2           that individual shall commence not later than 90  
3           days after the completion of that advanced clin-  
4           ical training (or by a date specified by the Sec-  
5           retary).

6           “(C) The active duty service obligation will  
7           be served in the health profession of that indi-  
8           vidual in a manner consistent with paragraph  
9           (1).

10          “(D) A recipient of a scholarship under this  
11          section may, at the election of the recipient, meet  
12          the active duty service obligation described in  
13          paragraph (1) by service in a program specified  
14          under that paragraph that—

15                 “(i) is located on the reservation of the  
16                 Indian Tribe in which the recipient is en-  
17                 rolled; or

18                 “(ii) serves the Indian Tribe in which  
19                 the recipient is enrolled.

20          “(3) PRIORITY WHEN MAKING ASSIGNMENTS.—  
21          Subject to paragraph (2), the Secretary, in making  
22          assignments of Indian Health Scholarship recipients  
23          required to meet the active duty service obligation de-  
24          scribed in paragraph (1), shall give priority to as-  
25          signing individuals to service in those programs spec-

ified in paragraph (1) that have a need for health professionals to provide health care services as a result of individuals having breached contracts entered into under this section.

“(c) *PART-TIME STUDENTS.*—In the case of an individual receiving a scholarship under this section who is enrolled part time in an approved course of study—

“(1) such scholarship shall be for a period of years not to exceed the part-time equivalent of 4 years, as determined by the Secretary;

“(2) the period of obligated service described in subsection (b)(1) shall be equal to the greater of—

“(A) the part-time equivalent of 1 year for each year for which the individual was provided a scholarship (as determined by the Secretary);  
or

“(B) 2 years; and

“(3) the amount of the monthly stipend specified in section 338A(g)(1)(B) of the Public Health Service Act (42 U.S.C. 254l(g)(1)(B)) shall be reduced pro rata (as determined by the Secretary) based on the number of hours such student is enrolled.

“(d) *BREACH OF CONTRACT.*—

“(1) *SPECIFIED BREACHES.*—An individual shall be liable to the United States for the amount

1       *which has been paid to the individual, or on behalf*  
2       *of the individual, under a contract entered into with*  
3       *the Secretary under this section on or after the date*  
4       *of enactment of the Indian Health Care Improvement*  
5       *Act Amendments of 2007 if that individual—*

6               *“(A) fails to maintain an acceptable level of*  
7       *academic standing in the educational institution*  
8       *in which he or she is enrolled (such level deter-*  
9       *mined by the educational institution under regu-*  
10       *lations of the Secretary);*

11              *“(B) is dismissed from such educational in-*  
12       *stitution for disciplinary reasons;*

13              *“(C) voluntarily terminates the training in*  
14       *such an educational institution for which he or*  
15       *she is provided a scholarship under such contract*  
16       *before the completion of such training; or*

17              *“(D) fails to accept payment, or instructs*  
18       *the educational institution in which he or she is*  
19       *enrolled not to accept payment, in whole or in*  
20       *part, of a scholarship under such contract, in*  
21       *lieu of any service obligation arising under such*  
22       *contract.*

23              *“(2) OTHER BREACHES.—If for any reason not*  
24       *specified in paragraph (1) an individual breaches a*  
25       *written contract by failing either to begin such indi-*

vidual's service obligation required under such contract or to complete such service obligation, the United States shall be entitled to recover from the individual an amount determined in accordance with the formula specified in subsection (l) of section 110 in the manner provided for in such subsection.

“(3) CANCELLATION UPON DEATH OF RECIPIENT.—Upon the death of an individual who receives an Indian Health Scholarship, any outstanding obligation of that individual for service or payment that relates to that scholarship shall be canceled.

“(4) WAIVERS AND SUSPENSIONS.—

“(A) IN GENERAL.—The Secretary shall provide for the partial or total waiver or suspension of any obligation of service or payment of a recipient of an Indian Health Scholarship if the Secretary determines that—

“(i) it is not possible for the recipient to meet that obligation or make that payment;

“(ii) requiring that recipient to meet that obligation or make that payment would result in extreme hardship to the recipient; or



1                   “(iii) the enforcement of the require-  
2                   ment to meet the obligation or make the  
3                   payment would be unconscionable.

4                   “(B) *FACTORS FOR CONSIDERATION.*—Be-  
5                   fore waiving or suspending an obligation of serv-  
6                   ice or payment under subparagraph (A), the Sec-  
7                   retary shall consult with the affected Area Office,  
8                   Indian Tribes, Tribal Organizations, or Urban  
9                   Indian Organizations, and may take into con-  
10                  sideration whether the obligation may be satis-  
11                  fied in a teaching capacity at a tribal college or  
12                  university nursing program under subsection  
13                  (b)(1)(D).

14               “(5) *EXTREME HARDSHIP.*—Notwithstanding  
15               any other provision of law, in any case of extreme  
16               hardship or for other good cause shown, the Secretary  
17               may waive, in whole or in part, the right of the  
18               United States to recover funds made available under  
19               this section.

20               “(6) *BANKRUPTCY.*—Notwithstanding any other  
21               provision of law, with respect to a recipient of an In-  
22               dian Health Scholarship, no obligation for payment  
23               may be released by a discharge in bankruptcy under  
24               title 11, United States Code, unless that discharge is  
25               granted after the expiration of the 5-year period be-



ginning on the initial date on which that payment is due, and only if the bankruptcy court finds that the nondischarge of the obligation would be unconscionable.

**“SEC. 105. AMERICAN INDIANS INTO PSYCHOLOGY PROGRAM.**

“(a) **GRANTS AUTHORIZED.**—The Secretary, acting through the Service, shall make grants of not more than \$300,000 to each of 9 colleges and universities for the purpose of developing and maintaining Indian psychology career recruitment programs as a means of encouraging Indians to enter the behavioral health field. These programs shall be located at various locations throughout the country to maximize their availability to Indian students and new programs shall be established in different locations from time to time.

“(b) **QUENTIN N. BURDICK PROGRAM GRANT.**—The Secretary shall provide a grant authorized under subsection (a) to develop and maintain a program at the University of North Dakota to be known as the ‘Quentin N. Burdick American Indians Into Psychology Program’. Such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick Indian Health Programs authorized under section 117(b), the Quentin N. Burdick American Indians Into Nursing Program authorized under sec-

1 tion 115(e), and existing university research and commu-  
2 nications networks.

3 “(c) *REGULATIONS.*—The Secretary shall issue regula-  
4 tions pursuant to this Act for the competitive awarding of  
5 grants provided under this section.

6 “(d) *CONDITIONS OF GRANT.*—Applicants under this  
7 section shall agree to provide a program which, at a min-  
8 imum—

9 “(1) provides outreach and recruitment for  
10 health professions to Indian communities including  
11 elementary, secondary, and accredited and accessible  
12 community colleges that will be served by the pro-  
13 gram;

14 “(2) incorporates a program advisory board  
15 comprised of representatives from the tribes and com-  
16 munities that will be served by the program;

17 “(3) provides summer enrichment programs to  
18 expose Indian students to the various fields of psy-  
19 chology through research, clinical, and experimental  
20 activities;

21 “(4) provides stipends to undergraduate and  
22 graduate students to pursue a career in psychology;

23 “(5) develops affiliation agreements with tribal  
24 colleges and universities, the Service, university affili-  
25 ated programs, and other appropriate accredited and

1 accessible entities to enhance the education of Indian  
2 students;

3 “(6) to the maximum extent feasible, uses exist-  
4 ing university tutoring, counseling, and student sup-  
5 port services; and

6 “(7) to the maximum extent feasible, employs  
7 qualified Indians in the program.

8 “(e) *ACTIVE DUTY SERVICE REQUIREMENT.*—The ac-  
9 tive duty service obligation prescribed under section 3380'  
10 of the Public Health Service Act (42 U.S.C. 254m) shall  
11 be met by each graduate who receives a stipend described  
12 in subsection (d)(4) that is funded under this section. Such  
13 obligation shall be met by service—

14 “(1) in an Indian Health Program;

15 “(2) in a program assisted under title V of this  
16 Act; or

17 “(3) in the private practice of psychology if, as  
18 determined by the Secretary, in accordance with  
19 guidelines promulgated by the Secretary, such prac-  
20 tice is situated in a physician or other health profes-  
21 sional shortage area and addresses the health care  
22 needs of a substantial number of Indians.

23 “(f) *AUTHORIZATION OF APPROPRIATIONS.*—There is  
24 authorized to be appropriated to carry out this section  
25 \$2,700,000 for each of fiscal years 2008 through 2017.

1   **“SEC. 106. SCHOLARSHIP PROGRAMS FOR INDIAN TRIBES.**

2       **“(a) IN GENERAL.—**

3           **“(1) GRANTS AUTHORIZED.—***The Secretary, act-*  
4       *ing through the Service, shall make grants to Tribal*  
5       *Health Programs for the purpose of providing schol-*  
6       *arships for Indians to serve as health professionals in*  
7       *Indian communities.*

8           **“(2) AMOUNT.—***Amounts available under para-*  
9       *graph (1) for any fiscal year shall not exceed 5 per-*  
10      *cent of the amounts available for each fiscal year for*  
11      *Indian Health Scholarships under section 104.*

12          **“(3) APPLICATION.—***An application for a grant*  
13      *under paragraph (1) shall be in such form and con-*  
14      *tain such agreements, assurances, and information as*  
15      *consistent with this section.*

16      **“(b) REQUIREMENTS.—**

17          **“(1) IN GENERAL.—***A Tribal Health Program*  
18      *receiving a grant under subsection (a) shall provide*  
19      *scholarships to Indians in accordance with the re-*  
20      *quirements of this section.*

21          **“(2) COSTS.—***With respect to costs of providing*  
22      *any scholarship pursuant to subsection (a)—*

23            **“(A)** *80 percent of the costs of the scholar-*  
24      *ship shall be paid from the funds made available*  
25      *pursuant to subsection (a)(1) provided to the*  
26      *Tribal Health Program; and*

1           “(B) 20 percent of such costs may be paid  
2           from any other source of funds.

3           “(c) *COURSE OF STUDY.*—A Tribal Health Program  
4 shall provide scholarships under this section only to Indians  
5 enrolled or accepted for enrollment in a course of study (ap-  
6 proved by the Secretary) in 1 of the health professions con-  
7 templated by this Act.

8           “(d) *CONTRACT.*—

9           “(1) *IN GENERAL.*—In providing scholarships  
10 under subsection (b), the Secretary and the Tribal  
11 Health Program shall enter into a written contract  
12 with each recipient of such scholarship.

13           “(2) *REQUIREMENTS.*—Such contract shall—

14           “(A) obligate such recipient to provide serv-  
15 ice in an Indian Health Program or Urban In-  
16 dian Organization, in the same Service Area  
17 where the Tribal Health Program providing the  
18 scholarship is located, for—

19           “(i) a number of years for which the  
20 scholarship is provided (or the part-time  
21 equivalent thereof, as determined by the Sec-  
22 retary), or for a period of 2 years, which-  
23 ever period is greater; or



1                   “(ii) such greater period of time as the  
2                   recipient and the Tribal Health Program  
3                   may agree;

4                   “(B) provide that the amount of the scholar-  
5                   ship—

6                   “(i) may only be expended for—

7                   “(I) tuition expenses, other rea-  
8                   sonable educational expenses, and rea-  
9                   sonable living expenses incurred in at-  
10                  tendance at the educational institution;  
11                  and

12                  “(II) payment to the recipient of  
13                  a monthly stipend of not more than the  
14                  amount authorized by section  
15                  338(g)(1)(B) of the Public Health  
16                  Service Act (42 U.S.C. 254m(g)(1)(B)),  
17                  with such amount to be reduced pro  
18                  rata (as determined by the Secretary)  
19                  based on the number of hours such stu-  
20                  dent is enrolled, and not to exceed, for  
21                  any year of attendance for which the  
22                  scholarship is provided, the total  
23                  amount required for the year for the  
24                  purposes authorized in this clause; and



1                   “(i) may not exceed, for any year of  
2                   attendance for which the scholarship is pro-  
3                   vided, the total amount required for the  
4                   year for the purposes authorized in clause  
5                   (i);

6                   “(C) require the recipient of such scholar-  
7                   ship to maintain an acceptable level of academic  
8                   standing as determined by the educational insti-  
9                   tution in accordance with regulations issued  
10                  pursuant to this Act; and

11                  “(D) require the recipient of such scholar-  
12                  ship to meet the educational and licensure re-  
13                  quirements appropriate to each health profession.

14                  “(3) SERVICE IN OTHER SERVICE AREAS.—The  
15                  contract may allow the recipient to serve in another  
16                  Service Area, provided the Tribal Health Program  
17                  and Secretary approve and services are not dimin-  
18                  ished to Indians in the Service Area where the Tribal  
19                  Health Program providing the scholarship is located.

20                  “(e) BREACH OF CONTRACT.—

21                  “(1) SPECIFIC BREACHES.—An individual who  
22                  has entered into a written contract with the Secretary  
23                  and a Tribal Health Program under subsection (d)  
24                  shall be liable to the United States for the Federal  
25                  share of the amount which has been paid to him or

1        *her, or on his or her behalf, under the contract if that*  
2        *individual—*

3                *“(A) fails to maintain an acceptable level of*  
4                *academic standing in the educational institution*  
5                *in which he or she is enrolled (such level as de-*  
6                *termined by the educational institution under*  
7                *regulations of the Secretary);*

8                *“(B) is dismissed from such educational in-*  
9                *stitution for disciplinary reasons;*

10               *“(C) voluntarily terminates the training in*  
11               *such an educational institution for which he or*  
12               *she is provided a scholarship under such contract*  
13               *before the completion of such training; or*

14               *“(D) fails to accept payment, or instructs*  
15               *the educational institution in which he or she is*  
16               *enrolled not to accept payment, in whole or in*  
17               *part, of a scholarship under such contract, in*  
18               *lieu of any service obligation arising under such*  
19               *contract.*

20               *“(2) OTHER BREACHES.—If for any reason not*  
21               *specified in paragraph (1), an individual breaches a*  
22               *written contract by failing to either begin such indi-*  
23               *vidual’s service obligation required under such con-*  
24               *tract or to complete such service obligation, the*  
25               *United States shall be entitled to recover from the in-*

1     *dividual an amount determined in accordance with*  
 2     *the formula specified in subsection (l) of section 110*  
 3     *in the manner provided for in such subsection.*

4           “(3) CANCELLATION UPON DEATH OF RECIPI-  
 5     ENT.—*Upon the death of an individual who receives*  
 6     *an Indian Health Scholarship, any outstanding obli-*  
 7     *gation of that individual for service or payment that*  
 8     *relates to that scholarship shall be canceled.*

9           “(4) INFORMATION.—*The Secretary may carry*  
 10    *out this subsection on the basis of information re-*  
 11    *ceived from Tribal Health Programs involved or on*  
 12    *the basis of information collected through such other*  
 13    *means as the Secretary deems appropriate.*

14          “(f) RELATION TO SOCIAL SECURITY ACT.—*The re-*  
 15    *cipient of a scholarship under this section shall agree, in*  
 16    *providing health care pursuant to the requirements here-*  
 17    *in—*

18           “(1) *not to discriminate against an individual*  
 19    *seeking care on the basis of the ability of the indi-*  
 20    *vidual to pay for such care or on the basis that pay-*  
 21    *ment for such care will be made pursuant to a pro-*  
 22    *gram established in title XVIII of the Social Security*  
 23    *Act or pursuant to the programs established in title*  
 24    *XIX or title XXI of such Act; and*

1           “(2) to accept assignment under section  
2       1842(b)(3)(B)(ii) of the Social Security Act for all  
3       services for which payment may be made under part  
4       B of title XVIII of such Act, and to enter into an ap-  
5       propriate agreement with the State agency that ad-  
6       ministers the State plan for medical assistance under  
7       title XIX, or the State child health plan under title  
8       XXI, of such Act to provide service to individuals en-  
9       titled to medical assistance or child health assistance,  
10      respectively, under the plan.

11       “(g) CONTINUANCE OF FUNDING.—The Secretary shall  
12      make payments under this section to a Tribal Health Pro-  
13      gram for any fiscal year subsequent to the first fiscal year  
14      of such payments unless the Secretary determines that, for  
15      the immediately preceding fiscal year, the Tribal Health  
16      Program has not complied with the requirements of this sec-  
17      tion.

18      **“SEC. 107. INDIAN HEALTH SERVICE EXTERN PROGRAMS.**

19       “(a) EMPLOYMENT PREFERENCE.—Any individual  
20      who receives a scholarship pursuant to section 104 or 106  
21      shall be given preference for employment in the Service, or  
22      may be employed by a Tribal Health Program or an Urban  
23      Indian Organization, or other agencies of the Department  
24      as available, during any nonacademic period of the year.

1       “(b) *NOT COUNTED TOWARD ACTIVE DUTY SERVICE*  
2 *OBLIGATION.*—*Periods of employment pursuant to this sub-*  
3 *section shall not be counted in determining fulfillment of*  
4 *the service obligation incurred as a condition of the scholar-*  
5 *ship.*

6       “(c) *TIMING; LENGTH OF EMPLOYMENT.*—*Any indi-*  
7 *vidual enrolled in a program, including a high school pro-*  
8 *gram, authorized under section 102(a) may be employed by*  
9 *the Service or by a Tribal Health Program or an Urban*  
10 *Indian Organization during any nonacademic period of the*  
11 *year. Any such employment shall not exceed 120 days dur-*  
12 *ing any calendar year.*

13       “(d) *NONAPPLICABILITY OF COMPETITIVE PERSONNEL*  
14 *SYSTEM.*—*Any employment pursuant to this section shall*  
15 *be made without regard to any competitive personnel sys-*  
16 *tem or agency personnel limitation and to a position which*  
17 *will enable the individual so employed to receive practical*  
18 *experience in the health profession in which he or she is*  
19 *engaged in study. Any individual so employed shall receive*  
20 *payment for his or her services comparable to the salary*  
21 *he or she would receive if he or she were employed in the*  
22 *competitive system. Any individual so employed shall not*  
23 *be counted against any employment ceiling affecting the*  
24 *Service or the Department.*



1 **“SEC. 108. CONTINUING EDUCATION ALLOWANCES.**

2       *“In order to encourage scholarship and stipend recipi-*  
 3 *ents under sections 104, 105, 106, and 115 and health pro-*  
 4 *fessionals, including community health representatives and*  
 5 *emergency medical technicians, to join or continue in an*  
 6 *Indian Health Program and to provide their services in the*  
 7 *rural and remote areas where a significant portion of Indi-*  
 8 *ans reside, the Secretary, acting through the Service, may—*

9           *“(1) provide programs or allowances to transi-*  
 10 *tion into an Indian Health Program, including li-*  
 11 *censing, board or certification examination assist-*  
 12 *ance, and technical assistance in fulfilling service ob-*  
 13 *ligations under sections 104, 105, 106, and 115; and*

14           *“(2) provide programs or allowances to health*  
 15 *professionals employed in an Indian Health Program*  
 16 *to enable them for a period of time each year pre-*  
 17 *scribed by regulation of the Secretary to take leave of*  
 18 *their duty stations for professional consultation, man-*  
 19 *agement, leadership, and refresher training courses.*

20 **“SEC. 109. COMMUNITY HEALTH REPRESENTATIVE PRO-**  
 21 **GRAM.**

22       *“(a) IN GENERAL.—Under the authority of the Act of*  
 23 *November 2, 1921 (25 U.S.C. 13) (commonly known as the*  
 24 *‘Snyder Act’), the Secretary, acting through the Service,*  
 25 *shall maintain a Community Health Representative Pro-*  
 26 *gram under which Indian Health Programs—*

1           “(1) provide for the training of Indians as com-  
2           munity health representatives; and

3           “(2) use such community health representatives  
4           in the provision of health care, health promotion, and  
5           disease prevention services to Indian communities.

6           “(b) DUTIES.—The Community Health Representative  
7           Program of the Service, shall—

8           “(1) provide a high standard of training for  
9           community health representatives to ensure that the  
10          community health representatives provide quality  
11          health care, health promotion, and disease prevention  
12          services to the Indian communities served by the Pro-  
13          gram;

14          “(2) in order to provide such training, develop  
15          and maintain a curriculum that—

16               “(A) combines education in the theory of  
17               health care with supervised practical experience  
18               in the provision of health care; and

19               “(B) provides instruction and practical ex-  
20               perience in health promotion and disease preven-  
21               tion activities, with appropriate consideration  
22               given to lifestyle factors that have an impact on  
23               Indian health status, such as alcoholism, family  
24               dysfunction, and poverty;

1           “(3) maintain a system which identifies the  
2       needs of community health representatives for con-  
3       tinuing education in health care, health promotion,  
4       and disease prevention and develop programs that  
5       meet the needs for continuing education;

6           “(4) maintain a system that provides close su-  
7       pervision of Community Health Representatives;

8           “(5) maintain a system under which the work of  
9       Community Health Representatives is reviewed and  
10      evaluated; and

11          “(6) promote traditional health care practices of  
12      the Indian Tribes served consistent with the Service  
13      standards for the provision of health care, health pro-  
14      motion, and disease prevention.

15   **“SEC. 110. INDIAN HEALTH SERVICE LOAN REPAYMENT**  
16                   **PROGRAM.**

17          “(a) *ESTABLISHMENT.*—The Secretary, acting through  
18      the Service, shall establish and administer a program to  
19      be known as the Service Loan Repayment Program (herein-  
20      after referred to as the ‘Loan Repayment Program’) in  
21      order to ensure an adequate supply of trained health profes-  
22      sionals necessary to maintain accreditation of, and provide  
23      health care services to Indians through, Indian Health Pro-  
24      grams and Urban Indian Organizations.

1       “(b) *ELIGIBLE INDIVIDUALS*.—To be eligible to par-  
2       ticipate in the Loan Repayment Program, an individual  
3       must—

4               “(1)(A) be enrolled—

5                       “(i) in a course of study or program in an  
6                       accredited educational institution (as determined  
7                       by the Secretary under section 338B(b)(1)(c)(i)  
8                       of the Public Health Service Act (42 U.S.C.  
9                       254l-1(b)(1)(c)(i))) and be scheduled to complete  
10                      such course of study in the same year such indi-  
11                      vidual applies to participate in such program;  
12                      or

13                     “(ii) in an approved graduate training pro-  
14                     gram in a health profession; or

15               “(B) have—

16                       “(i) a degree in a health profession; and

17                       “(ii) a license to practice a health profes-  
18                      sion;

19               “(2)(A) be eligible for, or hold, an appointment  
20       as a commissioned officer in the Regular or Reserve  
21       Corps of the Public Health Service;

22               “(B) be eligible for selection for civilian service  
23       in the Regular or Reserve Corps of the Public Health  
24       Service;

1           “(C) meet the professional standards for civil  
2       service employment in the Service; or

3           “(D) be employed in an Indian Health Program  
4       or Urban Indian Organization without a service obli-  
5       gation; and

6           “(3) submit to the Secretary an application for  
7       a contract described in subsection (e).

8       “(c) APPLICATION.—

9           “(1) INFORMATION TO BE INCLUDED WITH  
10       FORMS.—In disseminating application forms and  
11       contract forms to individuals desiring to participate  
12       in the Loan Repayment Program, the Secretary shall  
13       include with such forms a fair summary of the rights  
14       and liabilities of an individual whose application is  
15       approved (and whose contract is accepted) by the Sec-  
16       retary, including in the summary a clear explanation  
17       of the damages to which the United States is entitled  
18       under subsection (l) in the case of the individual's  
19       breach of contract. The Secretary shall provide such  
20       individuals with sufficient information regarding the  
21       advantages and disadvantages of service as a commis-  
22       sioned officer in the Regular or Reserve Corps of the  
23       Public Health Service or a civilian employee of the  
24       Service to enable the individual to make a decision on  
25       an informed basis.



1           “(2) *CLEAR LANGUAGE.*—The application form,  
2       contract form, and all other information furnished by  
3       the Secretary under this section shall be written in a  
4       manner calculated to be understood by the average in-  
5       dividual applying to participate in the Loan Repay-  
6       ment Program.

7           “(3) *TIMELY AVAILABILITY OF FORMS.*—The Sec-  
8       retary shall make such application forms, contract  
9       forms, and other information available to individuals  
10      desiring to participate in the Loan Repayment Pro-  
11      gram on a date sufficiently early to ensure that such  
12      individuals have adequate time to carefully review  
13      and evaluate such forms and information.

14       “(d) *PRIORITIES.*—

15           “(1) *LIST.*—Consistent with subsection (k), the  
16      Secretary shall annually—

17           “(A) identify the positions in each Indian  
18      Health Program or Urban Indian Organization  
19      for which there is a need or a vacancy; and

20           “(B) rank those positions in order of pri-  
21      ority.

22           “(2) *APPROVALS.*—Notwithstanding the priority  
23      determined under paragraph (1), the Secretary, in de-  
24      termining which applications under the Loan Repay-

1        *ment Program to approve (and which contracts to ac-*  
2        *cept), shall—*

3                *“(A) give first priority to applications*  
4                *made by individual Indians; and*

5                *“(B) after making determinations on all*  
6                *applications submitted by individual Indians as*  
7                *required under subparagraph (A), give priority*  
8                *to—*

9                        *“(i) individuals recruited through the*  
10                      *efforts of an Indian Health Program or*  
11                      *Urban Indian Organization; and*

12                      *“(ii) other individuals based on the*  
13                      *priority rankings under paragraph (1).*

14        *“(c) RECIPIENT CONTRACTS.—*

15                *“(1) CONTRACT REQUIRED.—An individual be-*  
16                *comes a participant in the Loan Repayment Program*  
17                *only upon the Secretary and the individual entering*  
18                *into a written contract described in paragraph (2).*

19                *“(2) CONTENTS OF CONTRACT.—The written con-*  
20                *tract referred to in this section between the Secretary*  
21                *and an individual shall contain—*

22                      *“(A) an agreement under which—*

23                      *“(i) subject to subparagraph (C), the*  
24                      *Secretary agrees—*

1                   “(I) to pay loans on behalf of the  
2                   individual in accordance with the pro-  
3                   visions of this section; and

4                   “(II) to accept (subject to the  
5                   availability of appropriated funds for  
6                   carrying out this section) the indi-  
7                   vidual into the Service or place the in-  
8                   dividual with a Tribal Health Pro-  
9                   gram or Urban Indian Organization  
10                  as provided in clause (i)(III); and

11                  “(ii) subject to subparagraph (C), the  
12                  individual agrees—

13                         “(I) to accept loan payments on  
14                         behalf of the individual;

15                         “(II) in the case of an individual  
16                         described in subsection (b)(1)—

17                                 “(aa) to maintain enrollment  
18                                 in a course of study or training  
19                                 described in subsection (b)(1)(A)  
20                                 until the individual completes the  
21                                 course of study or training; and

22                                 “(bb) while enrolled in such  
23                                 course of study or training, to  
24                                 maintain an acceptable level of  
25                                 academic standing (as determined

1                   under regulations of the Secretary  
2                   by the educational institution of-  
3                   fering such course of study or  
4                   training); and

5                   “(III) to serve for a time period  
6                   (hereinafter in this section referred to  
7                   as the ‘period of obligated service’)  
8                   equal to 2 years or such longer period  
9                   as the individual may agree to serve in  
10                  the full-time clinical practice of such  
11                  individual’s profession in an Indian  
12                  Health Program or Urban Indian Or-  
13                  ganization to which the individual  
14                  may be assigned by the Secretary;

15                  “(B) a provision permitting the Secretary  
16                  to extend for such longer additional periods, as  
17                  the individual may agree to, the period of obli-  
18                  gated service agreed to by the individual under  
19                  subparagraph (A)(ii)(III);

20                  “(C) a provision that any financial obliga-  
21                  tion of the United States arising out of a con-  
22                  tract entered into under this section and any ob-  
23                  ligation of the individual which is conditioned  
24                  thereon is contingent upon funds being appro-  
25                  priated for loan repayments under this section;

1           “(D) a statement of the damages to which  
2           the United States is entitled under subsection (t)  
3           for the individual’s breach of the contract; and

4           “(E) such other statements of the rights and  
5           liabilities of the Secretary and of the individual,  
6           not inconsistent with this section.

7           “(f) DEADLINE FOR DECISION ON APPLICATION.—The  
8           Secretary shall provide written notice to an individual  
9           within 21 days on—

10           “(1) the Secretary’s approving, under subsection  
11           (e)(1), of the individual’s participation in the Loan  
12           Repayment Program, including extensions resulting  
13           in an aggregate period of obligated service in excess  
14           of 4 years; or

15           “(2) the Secretary’s disapproving an individ-  
16           ual’s participation in such Program.

17           “(g) PAYMENTS.—

18           “(1) IN GENERAL.—A loan repayment provided  
19           for an individual under a written contract under the  
20           Loan Repayment Program shall consist of payment,  
21           in accordance with paragraph (2), on behalf of the in-  
22           dividual of the principal, interest, and related ex-  
23           penses on government and commercial loans received  
24           by the individual regarding the undergraduate or



1       *graduate education of the individual (or both), which*  
2       *loans were made for—*

3               “(A) *tuition expenses;*

4               “(B) *all other reasonable educational ex-*  
5               *penses, including fees, books, and laboratory ex-*  
6               *penses, incurred by the individual; and*

7               “(C) *reasonable living expenses as deter-*  
8               *mined by the Secretary.*

9               “(2) *AMOUNT.—For each year of obligated serv-*  
10              *ice that an individual contracts to serve under sub-*  
11              *section (e), the Secretary may pay up to \$35,000 or*  
12              *an amount equal to the amount specified in section*  
13              *338B(g)(2)(A) of the Public Health Service Act,*  
14              *whichever is more, on behalf of the individual for*  
15              *loans described in paragraph (1). In making a deter-*  
16              *mination of the amount to pay for a year of such*  
17              *service by an individual, the Secretary shall consider*  
18              *the extent to which each such determination—*

19              “(A) *affects the ability of the Secretary to*  
20              *maximize the number of contracts that can be*  
21              *provided under the Loan Repayment Program*  
22              *from the amounts appropriated for such con-*  
23              *tracts;*

24              “(B) *provides an incentive to serve in In-*  
25              *dian Health Programs and Urban Indian Orga-*

1       nizations with the greatest shortages of health  
2       professionals; and

3               “(C) provides an incentive with respect to  
4       the health professional involved remaining in an  
5       Indian Health Program or Urban Indian Orga-  
6       nization with such a health professional short-  
7       age, and continuing to provide primary health  
8       services, after the completion of the period of ob-  
9       ligated service under the Loan Repayment Pro-  
10      gram.

11             “(3) *TIMING.*—Any arrangement made by the  
12      Secretary for the making of loan repayments in ac-  
13      cordance with this subsection shall provide that any  
14      repayments for a year of obligated service shall be  
15      made no later than the end of the fiscal year in which  
16      the individual completes such year of service.

17             “(4) *REIMBURSEMENTS FOR TAX LIABILITY.*—  
18      For the purpose of providing reimbursements for tax  
19      liability resulting from a payment under paragraph  
20      (2) on behalf of an individual, the Secretary—

21               “(A) in addition to such payments, may  
22      make payments to the individual in an amount  
23      equal to not less than 20 percent and not more  
24      than 39 percent of the total amount of loan re-

1           payments made for the taxable year involved;  
2           and

3           “(B) may make such additional payments  
4           as the Secretary determines to be appropriate  
5           with respect to such purpose.

6           “(5) *PAYMENT SCHEDULE.*—The Secretary may  
7           enter into an agreement with the holder of any loan  
8           for which payments are made under the Loan Repay-  
9           ment Program to establish a schedule for the making  
10          of such payments.

11          “(h) *EMPLOYMENT CEILING.*—Notwithstanding any  
12         other provision of law, individuals who have entered into  
13         written contracts with the Secretary under this section shall  
14         not be counted against any employment ceiling affecting the  
15         Department while those individuals are undergoing aca-  
16         demic training.

17          “(i) *RECRUITMENT.*—The Secretary shall conduct re-  
18         cruiting programs for the Loan Repayment Program and  
19         other manpower programs of the Service at educational in-  
20         stitutions training health professionals or specialists identi-  
21         fied in subsection (a).

22          “(j) *APPLICABILITY OF LAW.*—Section 214 of the Pub-  
23         lic Health Service Act (42 U.S.C. 215) shall not apply to  
24         individuals during their period of obligated service under  
25         the Loan Repayment Program.

1       “(k) *ASSIGNMENT OF INDIVIDUALS.*—The Secretary,  
2 in assigning individuals to serve in Indian Health Pro-  
3 grams or Urban Indian Organizations pursuant to con-  
4 tracts entered into under this section, shall—

5               “(1) ensure that the staffing needs of Tribal  
6 Health Programs and Urban Indian Organizations  
7 receive consideration on an equal basis with programs  
8 that are administered directly by the Service; and

9               “(2) give priority to assigning individuals to In-  
10 dian Health Programs and Urban Indian Organiza-  
11 tions that have a need for health professionals to pro-  
12 vide health care services as a result of individuals  
13 having breached contracts entered into under this sec-  
14 tion.

15       “(l) *BREACH OF CONTRACT.*—

16               “(1) *SPECIFIC BREACHES.*—An individual who  
17 has entered into a written contract with the Secretary  
18 under this section and has not received a waiver  
19 under subsection (m) shall be liable, in lieu of any  
20 service obligation arising under such contract, to the  
21 United States for the amount which has been paid on  
22 such individual's behalf under the contract if that in-  
23 dividual—

24               “(A) is enrolled in the final year of a course  
25 of study and—

1                   “(i) fails to maintain an acceptable  
2                   level of academic standing in the edu-  
3                   cational institution in which he or she is  
4                   enrolled (such level determined by the edu-  
5                   cational institution under regulations of the  
6                   Secretary);

7                   “(ii) voluntarily terminates such en-  
8                   rollment; or

9                   “(iii) is dismissed from such edu-  
10                  cational institution before completion of  
11                  such course of study; or

12                  “(B) is enrolled in a graduate training pro-  
13                  gram and fails to complete such training pro-  
14                  gram.

15                  “(2) OTHER BREACHES; FORMULA FOR AMOUNT  
16                  OWED.—If, for any reason not specified in paragraph  
17                  (1), an individual breaches his or her written con-  
18                  tract under this section by failing either to begin, or  
19                  complete, such individual's period of obligated service  
20                  in accordance with subsection (e)(2), the United  
21                  States shall be entitled to recover from such indi-  
22                  vidual an amount to be determined in accordance  
23                  with the following formula:  $A=3Z(t-s/t)$  in which—

24                  “(A) ‘A’ is the amount the United States is  
25                  entitled to recover;



1           “(B) ‘Z’ is the sum of the amounts paid  
2           under this section to, or on behalf of, the indi-  
3           vidual and the interest on such amounts which  
4           would be payable if, at the time the amounts  
5           were paid, they were loans bearing interest at  
6           the maximum legal prevailing rate, as deter-  
7           mined by the Secretary of the Treasury;

8           “(C) ‘t’ is the total number of months in the  
9           individual’s period of obligated service in accord-  
10          ance with subsection (f); and

11          “(D) ‘s’ is the number of months of such pe-  
12          riod served by such individual in accordance  
13          with this section.

14          “(3) DEDUCTIONS IN MEDICARE PAYMENTS.—  
15          Amounts not paid within such period shall be subject  
16          to collection through deductions in Medicare pay-  
17          ments pursuant to section 1892 of the Social Security  
18          Act.

19          “(4) TIME PERIOD FOR REPAYMENT.—Any  
20          amount of damages which the United States is enti-  
21          tled to recover under this subsection shall be paid to  
22          the United States within the 1-year period beginning  
23          on the date of the breach or such longer period begin-  
24          ning on such date as shall be specified by the Sec-  
25          retary.

1           “(5) *RECOVERY OF DELINQUENCY.*—

2           “(A) *IN GENERAL.*—If damages described in  
3           paragraph (4) are delinquent for 3 months, the  
4           Secretary shall, for the purpose of recovering  
5           such damages—

6           “(i) use collection agencies contracted  
7           with by the Administrator of General Serv-  
8           ices; or

9           “(ii) enter into contracts for the recov-  
10          ery of such damages with collection agencies  
11          selected by the Secretary.

12          “(B) *REPORT.*—Each contract for recov-  
13          ering damages pursuant to this subsection shall  
14          provide that the contractor will, not less than  
15          once each 6 months, submit to the Secretary a  
16          status report on the success of the contractor in  
17          collecting such damages. Section 3718 of title 31,  
18          United States Code, shall apply to any such con-  
19          tract to the extent not inconsistent with this sub-  
20          section.

21          “(m) *WAIVER OR SUSPENSION OF OBLIGATION.*—

22          “(1) *IN GENERAL.*—The Secretary shall by regu-  
23          lation provide for the partial or total waiver or sus-  
24          pension of any obligation of service or payment by an  
25          individual under the Loan Repayment Program

1 *whenever compliance by the individual is impossible*  
2 *or would involve extreme hardship to the individual*  
3 *and if enforcement of such obligation with respect to*  
4 *any individual would be unconscionable.*

5 “(2) *CANCELED UPON DEATH.*—Any obligation  
6 *of an individual under the Loan Repayment Program*  
7 *for service or payment of damages shall be canceled*  
8 *upon the death of the individual.*

9 “(3) *HARDSHIP WAIVER.*—The Secretary may  
10 *waive, in whole or in part, the rights of the United*  
11 *States to recover amounts under this section in any*  
12 *case of extreme hardship or other good cause shown,*  
13 *as determined by the Secretary.*

14 “(4) *BANKRUPTCY.*—Any obligation of an indi-  
15 *vidual under the Loan Repayment Program for pay-*  
16 *ment of damages may be released by a discharge in*  
17 *bankruptcy under title 11 of the United States Code*  
18 *only if such discharge is granted after the expiration*  
19 *of the 5-year period beginning on the first date that*  
20 *payment of such damages is required, and only if the*  
21 *bankruptcy court finds that nondischarge of the obli-*  
22 *gation would be unconscionable.*

23 “(n) *REPORT.*—The Secretary shall submit to the  
24 *President, for inclusion in the report required to be sub-*  
25 *mitted to Congress under section 801, a report concerning*

1 *the previous fiscal year which sets forth by Service Area*  
2 *the following:*

3           “(1) *A list of the health professional positions*  
4           *maintained by Indian Health Programs and Urban*  
5           *Indian Organizations for which recruitment or reten-*  
6           *tion is difficult.*

7           “(2) *The number of Loan Repayment Program*  
8           *applications filed with respect to each type of health*  
9           *profession.*

10           “(3) *The number of contracts described in sub-*  
11           *section (e) that are entered into with respect to each*  
12           *health profession.*

13           “(4) *The amount of loan payments made under*  
14           *this section, in total and by health profession.*

15           “(5) *The number of scholarships that are pro-*  
16           *vided under sections 104 and 106 with respect to each*  
17           *health profession.*

18           “(6) *The amount of scholarship grants provided*  
19           *under section 104 and 106, in total and by health*  
20           *profession.*

21           “(7) *The number of providers of health care that*  
22           *will be needed by Indian Health Programs and*  
23           *Urban Indian Organizations, by location and profes-*  
24           *sion, during the 3 fiscal years beginning after the*  
25           *date the report is filed.*

“(8) *The measures the Secretary plans to take to fill the health professional positions maintained by Indian Health Programs or Urban Indian Organizations for which recruitment or retention is difficult.*

**“SEC. 111. SCHOLARSHIP AND LOAN REPAYMENT RECOVERY FUND.**

“(a) *ESTABLISHMENT.*—There is established in the Treasury of the United States a fund to be known as the Indian Health Scholarship and Loan Repayment Recovery Fund (hereafter in this section referred to as the ‘LRRF’). The LRRF shall consist of such amounts as may be collected from individuals under section 104(d), section 106(e), and section 110(l) for breach of contract, such funds as may be appropriated to the LRRF, and interest earned on amounts in the LRRF. All amounts collected, appropriated, or earned relative to the LRRF shall remain available until expended.

“(b) *USE OF FUNDS.*—

“(1) *BY SECRETARY.*—Amounts in the LRRF may be expended by the Secretary, acting through the Service, to make payments to an Indian Health Program—

“(A) *to which a scholarship recipient under section 104 and 106 or a loan repayment program participant under section 110 has been as-*



1           *signed to meet the obligated service requirements*  
2           *pursuant to such sections; and*

3           “(B) *that has a need for a health profes-*  
4           *sional to provide health care services as a result*  
5           *of such recipient or participant having breached*  
6           *the contract entered into under section 104, 106,*  
7           *or section 110.*

8           “(2) *BY TRIBAL HEALTH PROGRAMS.—A Tribal*  
9           *Health Program receiving payments pursuant to*  
10          *paragraph (1) may expend the payments to provide*  
11          *scholarships or recruit and employ, directly or by*  
12          *contract, health professionals to provide health care*  
13          *services.*

14          “(c) *INVESTMENT OF FUNDS.—The Secretary of the*  
15          *Treasury shall invest such amounts of the LRRF as the Sec-*  
16          *retary of Health and Human Services determines are not*  
17          *required to meet current withdrawals from the LRRF. Such*  
18          *investments may be made only in interest bearing obliga-*  
19          *tions of the United States. For such purpose, such obliga-*  
20          *tions may be acquired on original issue at the issue price,*  
21          *or by purchase of outstanding obligations at the market*  
22          *price.*

23          “(d) *SALE OF OBLIGATIONS.—Any obligation acquired*  
24          *by the LRRF may be sold by the Secretary of the Treasury*  
25          *at the market price.*

1   **“SEC. 112. RECRUITMENT ACTIVITIES.**

2           “(a) *REIMBURSEMENT FOR TRAVEL.*—The Secretary,  
3   *acting through the Service, may reimburse health profes-*  
4   *sionals seeking positions with Indian Health Programs or*  
5   *Urban Indian Organizations, including individuals consid-*  
6   *ering entering into a contract under section 110 and their*  
7   *spouses, for actual and reasonable expenses incurred in*  
8   *traveling to and from their places of residence to an area*  
9   *in which they may be assigned for the purpose of evaluating*  
10   *such area with respect to such assignment.*

11          “(b) *RECRUITMENT PERSONNEL.*—The Secretary, *act-*  
12   *ing through the Service, shall assign 1 individual in each*  
13   *Area Office to be responsible on a full-time basis for recruit-*  
14   *ment activities.*

15   **“SEC. 113. INDIAN RECRUITMENT AND RETENTION PRO-**  
16                           **GRAM.**

17          “(a) *IN GENERAL.*—The Secretary, *acting through the*  
18   *Service, shall fund, on a competitive basis, innovative dem-*  
19   *onstration projects for a period not to exceed 3 years to*  
20   *enable Tribal Health Programs and Urban Indian Organi-*  
21   *zations to recruit, place, and retain health professionals to*  
22   *meet their staffing needs.*

23          “(b) *ELIGIBLE ENTITIES; APPLICATION.*—Any Tribal  
24   *Health Program or Urban Indian Organization may sub-*  
25   *mit an application for funding of a project pursuant to*  
26   *this section.*

1 **“SEC. 114. ADVANCED TRAINING AND RESEARCH.**

2       “(a) *DEMONSTRATION PROGRAM.*—The Secretary, act-  
3 ing through the Service, shall establish a demonstration  
4 project to enable health professionals who have worked in  
5 an Indian Health Program or Urban Indian Organization  
6 for a substantial period of time to pursue advanced train-  
7 ing or research areas of study for which the Secretary deter-  
8 mines a need exists.

9       “(b) *SERVICE OBLIGATION.*—An individual who par-  
10 ticipates in a program under subsection (a), where the edu-  
11 cational costs are borne by the Service, shall incur an obli-  
12 gation to serve in an Indian Health Program or Urban  
13 Indian Organization for a period of obligated service equal  
14 to at least the period of time during which the individual  
15 participates in such program. In the event that the indi-  
16 vidual fails to complete such obligated service, the indi-  
17 vidual shall be liable to the United States for the period  
18 of service remaining. In such event, with respect to individ-  
19 uals entering the program after the date of enactment of  
20 the Indian Health Care Improvement Act Amendments of  
21 2007, the United States shall be entitled to recover from  
22 such individual an amount to be determined in accordance  
23 with the formula specified in subsection (l) of section 110  
24 in the manner provided for in such subsection.

25       “(c) *EQUAL OPPORTUNITY FOR PARTICIPATION.*—  
26 Health professionals from Tribal Health Programs and

1 *Urban Indian Organizations shall be given an equal oppor-*  
2 *tunity to participate in the program under subsection (a).*

3 **"SEC. 115. QUENTIN N. BURDICK AMERICAN INDIANS INTO**  
4 **NURSING PROGRAM.**

5 *"(a) GRANTS AUTHORIZED.—For the purpose of in-*  
6 *creasing the number of nurses, nurse midwives, and nurse*  
7 *practitioners who deliver health care services to Indians,*  
8 *the Secretary, acting through the Service, shall provide*  
9 *grants to the following:*

10 *"(1) Public or private schools of nursing.*

11 *"(2) Tribal colleges or universities.*

12 *"(3) Nurse midwife programs and advanced*  
13 *practice nurse programs that are provided by any*  
14 *tribal college or university accredited nursing pro-*  
15 *gram, or in the absence of such, any other public or*  
16 *private institutions.*

17 *"(b) USE OF GRANTS.—Grants provided under sub-*  
18 *section (a) may be used for 1 or more of the following:*

19 *"(1) To recruit individuals for programs which*  
20 *train individuals to be nurses, nurse midwives, or ad-*  
21 *vanced practice nurses.*

22 *"(2) To provide scholarships to Indians enrolled*  
23 *in such programs that may pay the tuition charged*  
24 *for such program and other expenses incurred in con-*

1        *nection with such program, including books, fees,*  
2        *room and board, and stipends for living expenses.*

3            *“(3) To provide a program that encourages*  
4        *nurses, nurse midwives, and advanced practice nurses*  
5        *to provide, or continue to provide, health care services*  
6        *to Indians.*

7            *“(4) To provide a program that increases the*  
8        *skills of, and provides continuing education to,*  
9        *nurses, nurse midwives, and advanced practice*  
10       *nurses.*

11           *“(5) To provide any program that is designed to*  
12        *achieve the purpose described in subsection (a).*

13           *“(c) APPLICATIONS.—Each application for a grant*  
14        *under subsection (a) shall include such information as the*  
15        *Secretary may require to establish the connection between*  
16        *the program of the applicant and a health care facility that*  
17        *primarily serves Indians.*

18           *“(d) PREFERENCES FOR GRANT RECIPIENTS.—In pro-*  
19        *viding grants under subsection (a), the Secretary shall ex-*  
20        *tend a preference to the following:*

21           *“(1) Programs that provide a preference to Indi-*  
22        *ans.*

23           *“(2) Programs that train nurse midwives or ad-*  
24        *vanced practice nurses.*

25           *“(3) Programs that are interdisciplinary.*



1           “(4) Programs that are conducted in cooperation  
2       with a program for gifted and talented Indian stu-  
3       dents.

4           “(5) Programs conducted by tribal colleges and  
5       universities.

6       “(e) *QUENTIN N. BURDICK PROGRAM GRANT.*—The  
7       Secretary shall provide 1 of the grants authorized under  
8       subsection (a) to establish and maintain a program at the  
9       University of North Dakota to be known as the ‘Quentin  
10      N. Burdick American Indians Into Nursing Program’.  
11      Such program shall, to the maximum extent feasible, coordi-  
12      nate with the Quentin N. Burdick Indian Health Programs  
13      established under section 117(b) and the Quentin N. Bur-  
14      dick American Indians Into Psychology Program estab-  
15      lished under section 105(b).

16       “(f) *ACTIVE DUTY SERVICE OBLIGATION.*—The active  
17      duty service obligation prescribed under section 338C of the  
18      Public Health Service Act (42 U.S.C. 254m) shall be met  
19      by each individual who receives training or assistance de-  
20      scribed in paragraph (1) or (2) of subsection (b) that is  
21      funded by a grant provided under subsection (a). Such obli-  
22      gation shall be met by service—

23           “(1) in the Service;

24           “(2) in a program of an Indian Tribe or Tribal  
25      Organization conducted under the Indian Self-Deter-

1        *mination and Education Assistance Act (25 U.S.C.*  
2        *450 et seq.) (including programs under agreements*  
3        *with the Bureau of Indian Affairs);*

4                *“(3) in a program assisted under title V of this*  
5        *Act;*

6                *“(4) in the private practice of nursing if, as de-*  
7        *termined by the Secretary, in accordance with guide-*  
8        *lines promulgated by the Secretary, such practice is*  
9        *situated in a physician or other health shortage area*  
10       *and addresses the health care needs of a substantial*  
11       *number of Indians; or*

12               *“(5) in a teaching capacity in a tribal college or*  
13       *university nursing program (or a related health pro-*  
14       *fession program) if, as determined by the Secretary,*  
15       *health services provided to Indians would not de-*  
16       *crease.*

17       **“SEC. 116. TRIBAL CULTURAL ORIENTATION.**

18               *“(a) CULTURAL EDUCATION OF EMPLOYEES.—The*  
19       *Secretary, acting through the Service, shall require that ap-*  
20       *propriate employees of the Service who serve Indian Tribes*  
21       *in each Service Area receive educational instruction in the*  
22       *history and culture of such Indian Tribes and their rela-*  
23       *tionship to the Service.*

1       “(b) *PROGRAM.*—In carrying out subsection (a), the  
2 Secretary shall establish a program which shall, to the ex-  
3 tent feasible—

4               “(1) be developed in consultation with the af-  
5 fected Indian Tribes, Tribal Organizations, and  
6 Urban Indian Organizations;

7               “(2) be carried out through tribal colleges or uni-  
8 versities;

9               “(3) include instruction in American Indian  
10 studies; and

11               “(4) describe the use and place of traditional  
12 health care practices of the Indian Tribes in the Serv-  
13 ice Area.

14 **“SEC. 117. INMED PROGRAM.**

15       “(a) *GRANTS AUTHORIZED.*—The Secretary, acting  
16 through the Service, is authorized to provide grants to col-  
17 leges and universities for the purpose of maintaining and  
18 expanding the Indian health careers recruitment program  
19 known as the ‘Indians Into Medicine Program’ (hereinafter  
20 in this section referred to as ‘INMED’) as a means of en-  
21 couraging Indians to enter the health professions.

22       “(b) *QUENTIN N. BURDICK GRANT.*—The Secretary  
23 shall provide 1 of the grants authorized under subsection  
24 (a) to maintain the INMED program at the University of  
25 North Dakota, to be known as the ‘Quentin N. Burdick In-

1 *dian Health Programs', unless the Secretary makes a deter-*  
 2 *mination, based upon program reviews, that the program*  
 3 *is not meeting the purposes of this section. Such program*  
 4 *shall, to the maximum extent feasible, coordinate with the*  
 5 *Quentin N. Burdick American Indians Into Psychology*  
 6 *Program established under section 105(b) and the Quentin*  
 7 *N. Burdick American Indians Into Nursing Program estab-*  
 8 *lished under section 115.*

9       “(c) *REGULATIONS.*—*The Secretary, pursuant to this*  
 10 *Act, shall develop regulations to govern grants pursuant to*  
 11 *this section.*

12       “(d) *REQUIREMENTS.*—*Applicants for grants provided*  
 13 *under this section shall agree to provide a program which—*

14               “(1) *provides outreach and recruitment for*  
 15 *health professions to Indian communities including*  
 16 *elementary and secondary schools and community col-*  
 17 *leges located on reservations which will be served by*  
 18 *the program;*

19               “(2) *incorporates a program advisory board*  
 20 *comprised of representatives from the Indian Tribes*  
 21 *and Indian communities which will be served by the*  
 22 *program;*

23               “(3) *provides summer preparatory programs for*  
 24 *Indian students who need enrichment in the subjects*

of math and science in order to pursue training in the health professions;

“(4) provides tutoring, counseling, and support to students who are enrolled in a health career program of study at the respective college or university; and

“(5) to the maximum extent feasible, employs qualified Indians in the program.

**“SEC. 118. HEALTH TRAINING PROGRAMS OF COMMUNITY COLLEGES.**

“(a) GRANTS TO ESTABLISH PROGRAMS.—

“(1) IN GENERAL.—The Secretary, acting through the Service, shall award grants to accredited and accessible community colleges for the purpose of assisting such community colleges in the establishment of programs which provide education in a health profession leading to a degree or diploma in a health profession for individuals who desire to practice such profession on or near a reservation or in an Indian Health Program.

“(2) AMOUNT OF GRANTS.—The amount of any grant awarded to a community college under paragraph (1) for the first year in which such a grant is provided to the community college shall not exceed \$250,000.



1       “(b) *GRANTS FOR MAINTENANCE AND RECRUITING.*—

2               “(1) *IN GENERAL.*—*The Secretary, acting*  
 3       *through the Service, shall award grants to accredited*  
 4       *and accessible community colleges that have estab-*  
 5       *lished a program described in subsection (a)(1) for the*  
 6       *purpose of maintaining the program and recruiting*  
 7       *students for the program.*

8               “(2) *REQUIREMENTS.*—*Grants may only be*  
 9       *made under this section to a community college*  
 10       *which—*

11               “(A) *is accredited;*

12               “(B) *has a relationship with a hospital fa-*  
 13       *cility, Service facility, or hospital that could*  
 14       *provide training of nurses or health profes-*  
 15       *sionals;*

16               “(C) *has entered into an agreement with an*  
 17       *accredited college or university medical school,*  
 18       *the terms of which—*

19               “(i) *provide a program that enhances*  
 20       *the transition and recruitment of students*  
 21       *into advanced baccalaureate or graduate*  
 22       *programs that train health professionals;*  
 23       *and*

“(ii) stipulate certifications necessary to approve internship and field placement opportunities at Indian Health Programs;

“(D) has a qualified staff which has the appropriate certifications;

“(E) is capable of obtaining State or regional accreditation of the program described in subsection (a)(1); and

“(F) agrees to provide for Indian preference for applicants for programs under this section.

“(c) *TECHNICAL ASSISTANCE*.—The Secretary shall encourage community colleges described in subsection (b)(2) to establish and maintain programs described in subsection (a)(1) by—

“(1) entering into agreements with such colleges for the provision of qualified personnel of the Service to teach courses of study in such programs; and

“(2) providing technical assistance and support to such colleges.

“(d) *ADVANCED TRAINING*.—

“(1) *REQUIRED*.—Any program receiving assistance under this section that is conducted with respect to a health profession shall also offer courses of study which provide advanced training for any health professional who—

1                   “(A) has already received a degree or di-  
2                   ploma in such health profession; and

3                   “(B) provides clinical services on or near a  
4                   reservation or for an Indian Health Program.

5                   “(2) *MAY BE OFFERED AT ALTERNATE SITE.*—  
6                   Such courses of study may be offered in conjunction  
7                   with the college or university with which the commu-  
8                   nity college has entered into the agreement required  
9                   under subsection (b)(2)(C).

10                  “(e) *PRIORITY.*—Where the requirements of subsection  
11 (b) are met, grant award priority shall be provided to tribal  
12 colleges and universities in Service Areas where they exist.

13                  **“SEC. 119. RETENTION BONUS.**

14                  “(a) *BONUS AUTHORIZED.*—The Secretary may pay  
15 a retention bonus to any health professional employed by,  
16 or assigned to, and serving in, an Indian Health Program  
17 or Urban Indian Organization either as a civilian em-  
18 ployee or as a commissioned officer in the Regular or Re-  
19 serve Corps of the Public Health Service who—

20                   “(1) is assigned to, and serving in, a position for  
21                   which recruitment or retention of personnel is dif-  
22                   ficult;

23                   “(2) the Secretary determines is needed by In-  
24                   dian Health Programs and Urban Indian Organiza-  
25                   tions;

1           “(3) has—

2                   “(A) completed 2 years of employment with  
3           an Indian Health Program or Urban Indian Or-  
4           ganization; or

5                   “(B) completed any service obligations in-  
6           curred as a requirement of—

7                   “(i) any Federal scholarship program;

8                   or

9                   “(ii) any Federal education loan re-  
10          payment program; and

11          “(4) enters into an agreement with an Indian  
12          Health Program or Urban Indian Organization for  
13          continued employment for a period of not less than 1  
14          year.

15          “(b) *RATES.*—The Secretary may establish rates for  
16          the retention bonus which shall provide for a higher annual  
17          rate for multiyear agreements than for single year agree-  
18          ments referred to in subsection (a)(4), but in no event shall  
19          the annual rate be more than \$25,000 per annum.

20          “(c) *DEFAULT OF RETENTION AGREEMENT.*—Any  
21          health professional failing to complete the agreed upon term  
22          of service, except where such failure is through no fault of  
23          the individual, shall be obligated to refund to the Govern-  
24          ment the full amount of the retention bonus for the period

1 covered by the agreement, plus interest as determined by  
2 the Secretary in accordance with section 110(l)(2)(B).

3 “(d) *OTHER RETENTION BONUS.*—The Secretary may  
4 pay a retention bonus to any health professional employed  
5 by a Tribal Health Program if such health professional is  
6 serving in a position which the Secretary determines is—

7 “(1) a position for which recruitment or reten-  
8 tion is difficult; and

9 “(2) necessary for providing health care services  
10 to Indians.

11 **“SEC. 120. NURSING RESIDENCY PROGRAM.**

12 “(a) *ESTABLISHMENT OF PROGRAM.*—The Secretary,  
13 acting through the Service, shall establish a program to en-  
14 able Indians who are licensed practical nurses, licensed vo-  
15 cational nurses, and registered nurses who are working in  
16 an Indian Health Program or Urban Indian Organization,  
17 and have done so for a period of not less than 1 year, to  
18 pursue advanced training. Such program shall include a  
19 combination of education and work study in an Indian  
20 Health Program or Urban Indian Organization leading to  
21 an associate or bachelor’s degree (in the case of a licensed  
22 practical nurse or licensed vocational nurse), a bachelor’s  
23 degree (in the case of a registered nurse), or advanced de-  
24 grees or certifications in nursing and public health.



1       “(b) *SERVICE OBLIGATION.*—An individual who par-  
2       ticipates in a program under subsection (a), where the edu-  
3       cational costs are paid by the Service, shall incur an obliga-  
4       tion to serve in an Indian Health Program or Urban In-  
5       dian Organization for a period of obligated service equal  
6       to 1 year for every year that nonprofessional employee (li-  
7       censed practical nurses, licensed vocational nurses, nursing  
8       assistants, and various health care technicals), or 2 years  
9       for every year that professional nurse (associate degree and  
10      bachelor-prepared registered nurses), participates in such  
11      program. In the event that the individual fails to complete  
12      such obligated service, the United States shall be entitled  
13      to recover from such individual an amount determined in  
14      accordance with the formula specified in subsection (l) of  
15      section 110 in the manner provided for in such subsection.

16   **“SEC. 121. COMMUNITY HEALTH AIDE PROGRAM.**

17       “(a) *GENERAL PURPOSES OF PROGRAM.*—Under the  
18      authority of the Act of November 2, 1921 (25 U.S.C. 13)  
19      (commonly known as the ‘Snyder Act’), the Secretary, act-  
20      ing through the Service, shall develop and operate a Com-  
21      munity Health Aide Program in Alaska under which the  
22      Service—

23               “(1) provides for the training of Alaska Natives  
24      as health aides or community health practitioners;

1           “(2) uses such aides or practitioners in the pro-  
 2           vision of health care, health promotion, and disease  
 3           prevention services to Alaska Natives living in vil-  
 4           lages in rural Alaska; and

5           “(3) provides for the establishment of teleconfer-  
 6           encing capacity in health clinics located in or near  
 7           such villages for use by community health aides or  
 8           community health practitioners.

9           “(b) *SPECIFIC PROGRAM REQUIREMENTS.*—The Sec-  
 10          retary, acting through the Community Health Aide Pro-  
 11          gram of the Service, shall—

12           “(1) using trainers accredited by the Program,  
 13           provide a high standard of training to community  
 14           health aides and community health practitioners to  
 15           ensure that such aides and practitioners provide qual-  
 16           ity health care, health promotion, and disease preven-  
 17           tion services to the villages served by the Program;

18           “(2) in order to provide such training, develop  
 19           a curriculum that—

20           “(A) combines education in the theory of  
 21           health care with supervised practical experience  
 22           in the provision of health care;

23           “(B) provides instruction and practical ex-  
 24           perience in the provision of acute care, emer-  
 25           gency care, health promotion, disease prevention,

1        *and the efficient and effective management of*  
2        *clinic pharmacies, supplies, equipment, and fa-*  
3        *cilities; and*

4                *“(C) promotes the achievement of the health*  
5        *status objectives specified in section 3(2);*

6                *“(3) establish and maintain a Community*  
7        *Health Aide Certification Board to certify as commu-*  
8        *nity health aides or community health practitioners*  
9        *individuals who have successfully completed the train-*  
10       *ing described in paragraph (1) or can demonstrate*  
11       *equivalent experience;*

12               *“(4) develop and maintain a system which iden-*  
13       *tifies the needs of community health aides and com-*  
14       *munity health practitioners for continuing education*  
15       *in the provision of health care, including the areas*  
16       *described in paragraph (2)(B), and develop programs*  
17       *that meet the needs for such continuing education;*

18               *“(5) develop and maintain a system that pro-*  
19       *vides close supervision of community health aides and*  
20       *community health practitioners;*

21               *“(6) develop a system under which the work of*  
22       *community health aides and community health prac-*  
23       *titioners is reviewed and evaluated to assure the pro-*  
24       *vision of quality health care, health promotion, and*  
25       *disease prevention services; and*

1           “(7) ensure that pulpal therapy (not including  
2           pulpotomies on deciduous teeth) or extraction of adult  
3           teeth can be performed by a dental health aide thera-  
4           pist only after consultation with a licensed dentist  
5           who determines that the procedure is a medical emer-  
6           gency that cannot be resolved with palliative treat-  
7           ment, and further that dental health aide therapists  
8           are strictly prohibited from performing all other oral  
9           or jaw surgeries, provided that uncomplicated extrac-  
10          tions shall not be considered oral surgery under this  
11          section.

12          “(c) *PROGRAM REVIEW.*—

13               “(1) *NEUTRAL PANEL.*—

14                   “(A) *ESTABLISHMENT.*—The Secretary, act-  
15                   ing through the Service, shall establish a neutral  
16                   panel to carry out the study under paragraph  
17                   (2).

18                   “(B) *MEMBERSHIP.*—Members of the neu-  
19                   tral panel shall be appointed by the Secretary  
20                   from among clinicians, economists, community  
21                   practitioners, oral epidemiologists, and Alaska  
22                   Natives.

23               “(2) *STUDY.*—

24                   “(A) *IN GENERAL.*—The neutral panel es-  
25                   tablished under paragraph (1) shall conduct a

1        *study of the dental health aide therapist services*  
2        *provided by the Community Health Aide Pro-*  
3        *gram under this section to ensure that the qual-*  
4        *ity of care provided through those services is ade-*  
5        *quate and appropriate.*

6                “(B) *PARAMETERS OF STUDY.*—The Sec-  
7        *retary, in consultation with interested parties,*  
8        *including professional dental organizations, shall*  
9        *develop the parameters of the study.*

10               “(C) *INCLUSIONS.*—The study shall include  
11        *a determination by the neutral panel with re-*  
12        *spect to—*

13                “(i) *the ability of the dental health*  
14        *aide therapist services under this section to*  
15        *address the dental care needs of Alaska Na-*  
16        *tives;*

17                “(ii) *the quality of care provided*  
18        *through those services, including any train-*  
19        *ing, improvement, or additional oversight*  
20        *required to improve the quality of care; and*

21                “(iii) *whether safer and less costly al-*  
22        *ternatives to the dental health aide therapist*  
23        *services exist.*

24                “(D) *CONSULTATION.*—In carrying out the  
25        *study under this paragraph, the neutral panel*



1           *shall consult with Alaska Tribal Organizations*  
2           *with respect to the adequacy and accuracy of the*  
3           *study.*

4           “(3) *REPORT.—The neutral panel shall submit*  
5           *to the Secretary, the Committee on Indian Affairs of*  
6           *the Senate, and the Committee on Natural Resources*  
7           *of the House of Representatives a report describing*  
8           *the results of the study under paragraph (2), includ-*  
9           *ing a description of—*

10                   “(A) *any determination of the neutral panel*  
11                   *under paragraph (2)(C); and*

12                   “(B) *any comments received from an Alaska*  
13                   *Tribal Organization under paragraph (2)(D).*

14           “(d) *NATIONALIZATION OF PROGRAM.—*

15                   “(1) *IN GENERAL.—Except as provided in para-*  
16                   *graph (2), the Secretary, acting through the Service,*  
17                   *may establish a national Community Health Aide*  
18                   *Program in accordance with the program under this*  
19                   *section, as the Secretary determines to be appropriate.*

20                   “(2) *EXCEPTION.—The national Community*  
21                   *Health Aide Program under paragraph (1) shall not*  
22                   *include dental health aide therapist services.*

23                   “(3) *REQUIREMENT.—In establishing a national*  
24                   *program under paragraph (1), the Secretary shall not*  
25                   *reduce the amount of funds provided for the Commu-*

nity Health Aide Program described in subsections (a) and (b).

**“SEC. 122. TRIBAL HEALTH PROGRAM ADMINISTRATION.**

“The Secretary, acting through the Service, shall, by contract or otherwise, provide training for Indians in the administration and planning of Tribal Health Programs.

**“SEC. 123. HEALTH PROFESSIONAL CHRONIC SHORTAGE DEMONSTRATION PROGRAMS.**

“(a) *DEMONSTRATION PROGRAMS AUTHORIZED.*—The Secretary, acting through the Service, may fund demonstration programs for Tribal Health Programs to address the chronic shortages of health professionals.

“(b) *PURPOSES OF PROGRAMS.*—The purposes of demonstration programs funded under subsection (a) shall be—

“(1) to provide direct clinical and practical experience at a Service Unit to health profession students and residents from medical schools;

“(2) to improve the quality of health care for Indians by assuring access to qualified health care professionals; and

“(3) to provide academic and scholarly opportunities for health professionals serving Indians by identifying all academic and scholarly resources of the region.

1       “(c) *ADVISORY BOARD.*—*The demonstration programs*  
2 *established pursuant to subsection (a) shall incorporate a*  
3 *program advisory board composed of representatives from*  
4 *the Indian Tribes and Indian communities in the area*  
5 *which will be served by the program.*

6       “**SEC. 124. NATIONAL HEALTH SERVICE CORPS.**

7       “(a) *NO REDUCTION IN SERVICES.*—*The Secretary*  
8 *shall not—*

9               “(1) *remove a member of the National Health*  
10 *Service Corps from an Indian Health Program or*  
11 *Urban Indian Organization; or*

12              “(2) *withdraw funding used to support such*  
13 *member, unless the Secretary, acting through the*  
14 *Service, has ensured that the Indians receiving serv-*  
15 *ices from such member will experience no reduction in*  
16 *services.*

17       “(b) *EXEMPTION FROM LIMITATIONS.*—*National*  
18 *Health Service Corps scholars qualifying for the Commis-*  
19 *sioned Corps in the Public Health Service shall be exempt*  
20 *from the full-time equivalent limitations of the National*  
21 *Health Service Corps and the Service when serving as a*  
22 *commissioned corps officer in a Tribal Health Program or*  
23 *an Urban Indian Organization.*

1 **"SEC. 125. SUBSTANCE ABUSE COUNSELOR EDUCATIONAL**  
2 **CURRICULA DEMONSTRATION PROGRAMS.**

3       “(a) *CONTRACTS AND GRANTS.*—*The Secretary, acting*  
4 *through the Service, may enter into contracts with, or make*  
5 *grants to, accredited tribal colleges and universities and eli-*  
6 *gible accredited and accessible community colleges to estab-*  
7 *lish demonstration programs to develop educational cur-*  
8 *ricula for substance abuse counseling.*

9       “(b) *USE OF FUNDS.*—*Funds provided under this sec-*  
10 *tion shall be used only for developing and providing edu-*  
11 *cational curriculum for substance abuse counseling (includ-*  
12 *ing paying salaries for instructors). Such curricula may*  
13 *be provided through satellite campus programs.*

14       “(c) *TIME PERIOD OF ASSISTANCE; RENEWAL.*—*A*  
15 *contract entered into or a grant provided under this section*  
16 *shall be for a period of 3 years. Such contract or grant may*  
17 *be renewed for an additional 2-year period upon the ap-*  
18 *proval of the Secretary.*

19       “(d) *CRITERIA FOR REVIEW AND APPROVAL OF APPLI-*  
20 *CATIONS.*—*Not later than 180 days after the date of enact-*  
21 *ment of the Indian Health Care Improvement Act Amend-*  
22 *ments of 2007, the Secretary, after consultation with Indian*  
23 *Tribes and administrators of tribal colleges and universities*  
24 *and eligible accredited and accessible community colleges,*  
25 *shall develop and issue criteria for the review and approval*  
26 *of applications for funding (including applications for re-*

1 *newals of funding) under this section. Such criteria shall*  
 2 *ensure that demonstration programs established under this*  
 3 *section promote the development of the capacity of such en-*  
 4 *tities to educate substance abuse counselors.*

5       “(e) *ASSISTANCE.*—*The Secretary shall provide such*  
 6 *technical and other assistance as may be necessary to enable*  
 7 *grant recipients to comply with the provisions of this sec-*  
 8 *tion.*

9       “(f) *REPORT.*—*Each fiscal year, the Secretary shall*  
 10 *submit to the President, for inclusion in the report which*  
 11 *is required to be submitted under section 801 for that fiscal*  
 12 *year, a report on the findings and conclusions derived from*  
 13 *the demonstration programs conducted under this section*  
 14 *during that fiscal year.*

15       “(g) *DEFINITION.*—*For the purposes of this section, the*  
 16 *term ‘educational curriculum’ means 1 or more of the fol-*  
 17 *lowing:*

18               “(1) *Classroom education.*

19               “(2) *Clinical work experience.*

20               “(3) *Continuing education workshops.*

21       **“SEC. 126. BEHAVIORAL HEALTH TRAINING AND COMMU-**  
 22               **NITY EDUCATION PROGRAMS.**

23       “(a) *STUDY; LIST.*—*The Secretary, acting through the*  
 24 *Service, and the Secretary of the Interior, in consultation*  
 25 *with Indian Tribes and Tribal Organizations, shall conduct*



1 a study and compile a list of the types of staff positions  
2 specified in subsection (b) whose qualifications include, or  
3 should include, training in the identification, prevention,  
4 education, referral, or treatment of mental illness, or dys-  
5 functional and self destructive behavior.

6 “(b) POSITIONS.—The positions referred to in sub-  
7 section (a) are—

8 “(1) staff positions within the Bureau of Indian  
9 Affairs, including existing positions, in the fields of—

10 “(A) elementary and secondary education;

11 “(B) social services and family and child  
12 welfare;

13 “(C) law enforcement and judicial services;  
14 and

15 “(D) alcohol and substance abuse;

16 “(2) staff positions within the Service; and

17 “(3) staff positions similar to those identified in  
18 paragraphs (1) and (2) established and maintained  
19 by Indian Tribes, Tribal Organizations (without re-  
20 gard to the funding source), and Urban Indian Orga-  
21 nizations.

22 “(c) TRAINING CRITERIA.—

23 “(1) IN GENERAL.—The appropriate Secretary  
24 shall provide training criteria appropriate to each  
25 type of position identified in subsection (b)(1) and

(b)(2) and ensure that appropriate training has been, or shall be provided to any individual in any such position. With respect to any such individual in a position identified pursuant to subsection (b)(3), the respective Secretaries shall provide appropriate training to, or provide funds to, an Indian Tribe, Tribal Organization, or Urban Indian Organization for training of appropriate individuals. In the case of positions funded under a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), the appropriate Secretary shall ensure that such training costs are included in the contract or compact, as the Secretary determines necessary.

“(2) POSITION SPECIFIC TRAINING CRITERIA.—

Position specific training criteria shall be culturally relevant to Indians and Indian Tribes and shall ensure that appropriate information regarding traditional health care practices is provided.

“(d) COMMUNITY EDUCATION ON MENTAL ILLNESS.—

The Service shall develop and implement, on request of an Indian Tribe, Tribal Organization, or Urban Indian Organization, or assist the Indian Tribe, Tribal Organization, or Urban Indian Organization to develop and implement, a program of community education on mental illness. In

1 carrying out this subsection, the Service shall, upon request  
2 of an Indian Tribe, Tribal Organization, or Urban Indian  
3 Organization, provide technical assistance to the Indian  
4 Tribe, Tribal Organization, or Urban Indian Organization  
5 to obtain and develop community educational materials on  
6 the identification, prevention, referral, and treatment of  
7 mental illness and dysfunctional and self-destructive behav-  
8 ior.

9 “(c) *PLAN*.—Not later than 90 days after the date of  
10 enactment of the Indian Health Care Improvement Act  
11 Amendments of 2007, the Secretary shall develop a plan  
12 under which the Service will increase the health care staff  
13 providing behavioral health services by at least 500 posi-  
14 tions within 5 years after the date of enactment of this sec-  
15 tion, with at least 200 of such positions devoted to child,  
16 adolescent, and family services. The plan developed under  
17 this subsection shall be implemented under the Act of No-  
18 vember 2, 1921 (25 U.S.C. 13) (commonly known as the  
19 ‘Snyder Act’).

20 **“SEC. 127. AUTHORIZATION OF APPROPRIATIONS.**

21 “There are authorized to be appropriated such sums  
22 as may be necessary for each fiscal year through fiscal year  
23 2017 to carry out this title.

1       **“TITLE II—HEALTH SERVICES**

2       **“SEC. 201. INDIAN HEALTH CARE IMPROVEMENT FUND.**

3           “(a) *USE OF FUNDS.*—The Secretary, acting through  
4     the Service, is authorized to expend funds, directly or under  
5     the authority of the Indian Self-Determination and Edu-  
6     cation Assistance Act (25 U.S.C. 450 et seq.), which are  
7     appropriated under the authority of this section, for the  
8     purposes of—

9           “(1) *eliminating the deficiencies in health status*  
10       *and health resources of all Indian Tribes;*

11          “(2) *eliminating backlogs in the provision of*  
12       *health care services to Indians;*

13          “(3) *meeting the health needs of Indians in an*  
14       *efficient and equitable manner, including the use of*  
15       *telehealth and telemedicine when appropriate;*

16          “(4) *eliminating inequities in funding for both*  
17       *direct care and contract health service programs; and*

18          “(5) *augmenting the ability of the Service to*  
19       *meet the following health service responsibilities with*  
20       *respect to those Indian Tribes with the highest levels*  
21       *of health status deficiencies and resource deficiencies:*

22           “(A) *Clinical care, including inpatient*  
23       *care, outpatient care (including audiology, clin-*  
24       *ical eye, and vision care), primary care, sec-*  
25       *ondary and tertiary care, and long-term care.*

1           “(B) Preventive health, including mammog-  
2           raphy and other cancer screening in accordance  
3           with section 207.

4           “(C) Dental care.

5           “(D) Mental health, including community  
6           mental health services, inpatient mental health  
7           services, dormitory mental health services, thera-  
8           peutic and residential treatment centers, and  
9           training of traditional health care practitioners.

10          “(E) Emergency medical services.

11          “(F) Treatment and control of, and reha-  
12          bilitative care related to, alcoholism and drug  
13          abuse (including fetal alcohol syndrome) among  
14          Indians.

15          “(G) Injury prevention programs, including  
16          data collection and evaluation, demonstration  
17          projects, training, and capacity building.

18          “(H) Home health care.

19          “(I) Community health representatives.

20          “(J) Maintenance and improvement.

21          “(b) NO OFFSET OR LIMITATION.—Any funds appro-  
22          priated under the authority of this section shall not be used  
23          to offset or limit any other appropriations made to the  
24          Service under this Act or the Act of November 2, 1921 (25



1 U.S.C. 13) (commonly known as the 'Snyder Act'), or any  
2 other provision of law.

3 “(c) *ALLOCATION; USE.*—

4 “(1) *IN GENERAL.*—Funds appropriated under  
5 the authority of this section shall be allocated to Serv-  
6 ice Units, Indian Tribes, or Tribal Organizations.  
7 The funds allocated to each Indian Tribe, Tribal Or-  
8 ganization, or Service Unit under this paragraph  
9 shall be used by the Indian Tribe, Tribal Organiza-  
10 tion, or Service Unit under this paragraph to im-  
11 prove the health status and reduce the resource defi-  
12 ciency of each Indian Tribe served by such Service  
13 Unit, Indian Tribe, or Tribal Organization.

14 “(2) *APPORTIONMENT OF ALLOCATED FUNDS.*—  
15 The apportionment of funds allocated to a Service  
16 Unit, Indian Tribe, or Tribal Organization under  
17 paragraph (1) among the health service responsibil-  
18 ities described in subsection (a)(5) shall be determined  
19 by the Service in consultation with, and with the ac-  
20 tive participation of, the affected Indian Tribes and  
21 Tribal Organizations.

22 “(d) *PROVISIONS RELATING TO HEALTH STATUS AND*  
23 *RESOURCE DEFICIENCIES.*—For the purposes of this sec-  
24 tion, the following definitions apply:

1           “(1) *DEFINITION.*—The term ‘health status and  
2       *resource deficiency*’ means the extent to which—

3           “(A) the health status objectives set forth in  
4       *section 3(2)* are not being achieved; and

5           “(B) the Indian Tribe or Tribal Organiza-  
6       *tion* does not have available to it the health re-  
7       *sources* it needs, taking into account the actual  
8       *cost* of providing health care services given local  
9       *geographic, climatic, rural, or other cir-*  
10       *cumstances.*

11          “(2) *AVAILABLE RESOURCES.*—The health re-  
12       *sources* available to an Indian Tribe or Tribal Orga-  
13       *nization* include health resources provided by the  
14       *Service* as well as health resources used by the Indian  
15       *Tribe or Tribal Organization*, including services and  
16       *financing systems* provided by any Federal programs,  
17       *private insurance, and programs of State or local*  
18       *governments.*

19          “(3) *PROCESS FOR REVIEW OF DETERMINA-*  
20       *TIONS.*—The Secretary shall establish procedures  
21       *which* allow any Indian Tribe or Tribal Organization  
22       *to* petition the Secretary for a review of any deter-  
23       *mination of the extent of the health status and re-*  
24       *source deficiency of such Indian Tribe or Tribal Or-*  
25       *ganization.*

1       “(e) *ELIGIBILITY FOR FUNDS.*—Tribal Health Pro-  
2   grams shall be eligible for funds appropriated under the au-  
3   thority of this section on an equal basis with programs that  
4   are administered directly by the Service.

5       “(f) *REPORT.*—By no later than the date that is 3  
6   years after the date of enactment of the Indian Health Care  
7   Improvement Act Amendments of 2007, the Secretary shall  
8   submit to Congress the current health status and resource  
9   deficiency report of the Service for each Service Unit, in-  
10   cluding newly recognized or acknowledged Indian Tribes.  
11   Such report shall set out—

12           “(1) the methodology then in use by the Service  
13       for determining Tribal health status and resource de-  
14       ficiencies, as well as the most recent application of  
15       that methodology;

16           “(2) the extent of the health status and resource  
17       deficiency of each Indian Tribe served by the Service  
18       or a Tribal Health Program;

19           “(3) the amount of funds necessary to eliminate  
20       the health status and resource deficiencies of all In-  
21       dian Tribes served by the Service or a Tribal Health  
22       Program; and

23           “(4) an estimate of—

24               “(A) the amount of health service funds ap-  
25       propriated under the authority of this Act, or

any other Act, including the amount of any funds transferred to the Service for the preceding fiscal year which is allocated to each Service Unit, Indian Tribe, or Tribal Organization;

“(B) the number of Indians eligible for health services in each Service Unit or Indian Tribe or Tribal Organization; and

“(C) the number of Indians using the Service resources made available to each Service Unit, Indian Tribe or Tribal Organization, and, to the extent available, information on the waiting lists and number of Indians turned away for services due to lack of resources.

“(g) *INCLUSION IN BASE BUDGET.*—Funds appropriated under this section for any fiscal year shall be included in the base budget of the Service for the purpose of determining appropriations under this section in subsequent fiscal years.

“(h) *CLARIFICATION.*—Nothing in this section is intended to diminish the primary responsibility of the Service to eliminate existing backlogs in unmet health care needs, nor are the provisions of this section intended to discourage the Service from undertaking additional efforts to achieve equity among Indian Tribes and Tribal Organizations.

1       “(i) *FUNDING DESIGNATION.*—Any funds appro-  
2       priated under the authority of this section shall be des-  
3       ignated as the ‘Indian Health Care Improvement Fund’.

4       **“SEC. 202. CATASTROPHIC HEALTH EMERGENCY FUND.**

5       “(a) *ESTABLISHMENT.*—There is established an In-  
6       dian Catastrophic Health Emergency Fund (hereafter in  
7       this section referred to as the ‘CHEF’) consisting of—

8               “(1) the amounts deposited under subsection (f);  
9       and

10              “(2) the amounts appropriated to CHEF under  
11       this section.

12       “(b) *ADMINISTRATION.*—CHEF shall be administered  
13       by the Secretary, acting through the headquarters of the  
14       Service, solely for the purpose of meeting the extraordinary  
15       medical costs associated with the treatment of victims of  
16       disasters or catastrophic illnesses who are within the re-  
17       sponsibility of the Service.

18       “(c) *CONDITIONS ON USE OF FUND.*—No part of  
19       CHEF or its administration shall be subject to contract or  
20       grant under any law, including the Indian Self-Determina-  
21       tion and Education Assistance Act (25 U.S.C. 450 et seq.),  
22       nor shall CHEF funds be allocated, apportioned, or dele-  
23       gated on an Area Office, Service Unit, or other similar  
24       basis.



1       “(d) *REGULATIONS.*—The Secretary shall promulgate  
2 regulations consistent with the provisions of this section  
3 to—

4               “(1) establish a definition of disasters and cata-  
5 strophic illnesses for which the cost of the treatment  
6 provided under contract would qualify for payment  
7 from CHEF;

8               “(2) provide that a Service Unit shall not be eli-  
9 gible for reimbursement for the cost of treatment from  
10 CHEF until its cost of treating any victim of such  
11 catastrophic illness or disaster has reached a certain  
12 threshold cost which the Secretary shall establish at—

13                       “(A) the 2000 level of \$19,000; and

14                       “(B) for any subsequent year, not less than  
15 the threshold cost of the previous year increased  
16 by the percentage increase in the medical care  
17 expenditure category of the consumer price index  
18 for all urban consumers (United States city av-  
19 erage) for the 12-month period ending with De-  
20 cember of the previous year;

21               “(3) establish a procedure for the reimbursement  
22 of the portion of the costs that exceeds such threshold  
23 cost incurred by—

24                       “(A) Service Units; or

1                   “(B) whenever otherwise authorized by the  
2                   Service, non-Service facilities or providers;

3                   “(4) establish a procedure for payment from  
4                   CHEF in cases in which the exigencies of the medical  
5                   circumstances warrant treatment prior to the author-  
6                   ization of such treatment by the Service; and

7                   “(5) establish a procedure that will ensure that  
8                   no payment shall be made from CHEF to any pro-  
9                   vider of treatment to the extent that such provider is  
10                  eligible to receive payment for the treatment from any  
11                  other Federal, State, local, or private source of reim-  
12                  bursement for which the patient is eligible.

13                  “(e) NO OFFSET OR LIMITATION.—Amounts appro-  
14                  priated to CHEF under this section shall not be used to  
15                  offset or limit appropriations made to the Service under  
16                  the authority of the Act of November 2, 1921 (25 U.S.C.  
17                  13) (commonly known as the ‘Snyder Act’), or any other  
18                  law.

19                  “(f) DEPOSIT OF REIMBURSEMENT FUNDS.—There  
20                  shall be deposited into CHEF all reimbursements to which  
21                  the Service is entitled from any Federal, State, local, or  
22                  private source (including third party insurance) by reason  
23                  of treatment rendered to any victim of a disaster or cata-  
24                  strophic illness the cost of which was paid from CHEF.

1   **“SEC. 203. HEALTH PROMOTION AND DISEASE PREVENTION**  
2                   **SERVICES.**

3           “(a) *FINDINGS.*—Congress finds that health promotion  
4   and disease prevention activities—

5               “(1) *improve the health and well-being of Indi-*  
6   *ans; and*

7               “(2) *reduce the expenses for health care of Indi-*  
8   *ans.*

9           “(b) *PROVISION OF SERVICES.*—The Secretary, acting  
10 through the Service and Tribal Health Programs, shall pro-  
11 vide health promotion and disease prevention services to In-  
12 dians to achieve the health status objectives set forth in sec-  
13 tion 3(2).

14          “(c) *EVALUATION.*—The Secretary, after obtaining  
15 input from the affected Tribal Health Programs, shall sub-  
16 mit to the President for inclusion in the report which is  
17 required to be submitted to Congress under section 801 an  
18 evaluation of—

19               “(1) *the health promotion and disease prevention*  
20 *needs of Indians;*

21               “(2) *the health promotion and disease prevention*  
22 *activities which would best meet such needs;*

23               “(3) *the internal capacity of the Service and*  
24 *Tribal Health Programs to meet such needs; and*

25               “(4) *the resources which would be required to en-*  
26 *able the Service and Tribal Health Programs to un-*

1        *dertake the health promotion and disease prevention*  
2        *activities necessary to meet such needs.*

3        **“SEC. 204. DIABETES PREVENTION, TREATMENT, AND CON-**  
4        **TROL.**

5        *“(a) DETERMINATIONS REGARDING DIABETES.—The*  
6        *Secretary, acting through the Service, and in consultation*  
7        *with Indian Tribes and Tribal Organizations, shall deter-*  
8        *mine—*

9                *“(1) by Indian Tribe and by Service Unit, the*  
10        *incidence of, and the types of complications resulting*  
11        *from, diabetes among Indians; and*

12                *“(2) based on the determinations made pursuant*  
13        *to paragraph (1), the measures (including patient*  
14        *education and effective ongoing monitoring of disease*  
15        *indicators) each Service Unit should take to reduce*  
16        *the incidence of, and prevent, treat, and control the*  
17        *complications resulting from, diabetes among Indian*  
18        *Tribes within that Service Unit.*

19        *“(b) DIABETES SCREENING.—To the extent medically*  
20        *indicated and with informed consent, the Secretary shall*  
21        *screen each Indian who receives services from the Service*  
22        *for diabetes and for conditions which indicate a high risk*  
23        *that the individual will become diabetic and establish a*  
24        *cost-effective approach to ensure ongoing monitoring of dis-*  
25        *ease indicators. Such screening and monitoring may be con-*

1 ducted by a Tribal Health Program and may be conducted  
2 through appropriate Internet-based health care manage-  
3 ment programs.

4 “(c) *DIABETES PROJECTS.*—The Secretary shall con-  
5 tinue to maintain each model diabetes project in existence  
6 on the date of enactment of the Indian Health Care Im-  
7 provement Act Amendments of 2007, any such other diabe-  
8 tes programs operated by the Service or Tribal Health Pro-  
9 grams, and any additional diabetes projects, such as the  
10 Medical Vanguard program provided for in title IV of Pub-  
11 lic Law 108–87, as implemented to serve Indian Tribes.  
12 Tribal Health Programs shall receive recurring funding for  
13 the diabetes projects that they operate pursuant to this sec-  
14 tion, both at the date of enactment of the Indian Health  
15 Care Improvement Act Amendments of 2007 and for  
16 projects which are added and funded thereafter.

17 “(d) *DIALYSIS PROGRAMS.*—The Secretary is author-  
18 ized to provide, through the Service, Indian Tribes, and  
19 Tribal Organizations, dialysis programs, including the  
20 purchase of dialysis equipment and the provision of nec-  
21 essary staffing.

22 “(e) *OTHER DUTIES OF THE SECRETARY.*—

23 “(1) *IN GENERAL.*—The Secretary shall, to the  
24 extent funding is available—



1           “(A) in each Area Office, consult with In-  
2           dian Tribes and Tribal Organizations regarding  
3           programs for the prevention, treatment, and con-  
4           trol of diabetes;

5           “(B) establish in each Area Office a registry  
6           of patients with diabetes to track the incidence  
7           of diabetes and the complications from diabetes  
8           in that area; and

9           “(C) ensure that data collected in each Area  
10          Office regarding diabetes and related complica-  
11          tions among Indians are disseminated to all  
12          other Area Offices, subject to applicable patient  
13          privacy laws.

14          “(2) *DIABETES CONTROL OFFICERS.*—

15               “(A) *IN GENERAL.*—The Secretary may es-  
16               tablish and maintain in each Area Office a posi-  
17               tion of diabetes control officer to coordinate and  
18               manage any activity of that Area Office relating  
19               to the prevention, treatment, or control of diabe-  
20               tes to assist the Secretary in carrying out a pro-  
21               gram under this section or section 330C of the  
22               Public Health Service Act (42 U.S.C. 254c-3).

23               “(B) *CERTAIN ACTIVITIES.*—Any activity  
24               carried out by a diabetes control officer under  
25               subparagraph (A) that is the subject of a con-

tract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), and any funds made available to carry out such an activity, shall not be divisible for purposes of that Act.

**“SEC. 205. SHARED SERVICES FOR LONG-TERM CARE.**

“(a) *LONG-TERM CARE.*—Notwithstanding any other provision of law, the Secretary, acting through the Service, is authorized to provide directly, or enter into contracts or compacts under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) with Indian Tribes or Tribal Organizations for, the delivery of long-term care (including health care services associated with long-term care) provided in a facility to Indians. Such agreements shall provide for the sharing of staff or other services between the Service or a Tribal Health Program and a long-term care or related facility owned and operated (directly or through a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) by such Indian Tribe or Tribal Organization.

“(b) *CONTENTS OF AGREEMENTS.*—An agreement entered into pursuant to subsection (a)—

“(1) may, at the request of the Indian Tribe or Tribal Organization, delegate to such Indian Tribe or Tribal Organization such powers of supervision and

1        *control over Service employees as the Secretary deems*  
2        *necessary to carry out the purposes of this section;*

3            *“(2) shall provide that expenses (including sala-*  
4        *ries) relating to services that are shared between the*  
5        *Service and the Tribal Health Program be allocated*  
6        *proportionately between the Service and the Indian*  
7        *Tribe or Tribal Organization; and*

8            *“(3) may authorize such Indian Tribe or Tribal*  
9        *Organization to construct, renovate, or expand a*  
10       *long-term care or other similar facility (including the*  
11       *construction of a facility attached to a Service facil-*  
12       *ity).*

13        *“(c) MINIMUM REQUIREMENT.—Any nursing facility*  
14       *provided for under this section shall meet the requirements*  
15       *for nursing facilities under section 1919 of the Social Secu-*  
16       *rity Act.*

17        *“(d) OTHER ASSISTANCE.—The Secretary shall pro-*  
18       *vide such technical and other assistance as may be nec-*  
19       *essary to enable applicants to comply with the provisions*  
20       *of this section.*

21        *“(e) USE OF EXISTING OR UNDERUSED FACILITIES.—*  
22       *The Secretary shall encourage the use of existing facilities*  
23       *that are underused or allow the use of swing beds for long-*  
24       *term or similar care.*

1 **"SEC. 206. HEALTH SERVICES RESEARCH.**

2       “(a) *IN GENERAL.*—The Secretary, acting through the  
3 Service, shall make funding available for research to further  
4 the performance of the health service responsibilities of In-  
5 dian Health Programs.

6       “(b) *COORDINATION OF RESOURCES AND ACTIVI-*  
7 *TIES.*—The Secretary shall also, to the maximum extent  
8 practicable, coordinate departmental research resources and  
9 activities to address relevant Indian Health Program re-  
10 search needs.

11       “(c) *AVAILABILITY.*—Tribal Health Programs shall be  
12 given an equal opportunity to compete for, and receive, re-  
13 search funds under this section.

14       “(d) *USE OF FUNDS.*—This funding may be used for  
15 both clinical and nonclinical research.

16       “(e) *EVALUATION AND DISSEMINATION.*—The Sec-  
17 retary shall periodically—

18               “(1) evaluate the impact of research conducted  
19 under this section; and

20               “(2) disseminate to Tribal Health Programs in-  
21 formation regarding that research as the Secretary  
22 determines to be appropriate.

23 **"SEC. 207. MAMMOGRAPHY AND OTHER CANCER SCREEN-**  
24 **ING.**

25       “The Secretary, acting through the Service or Tribal  
26 Health Programs, shall provide for screening as follows:

1           “(1) Screening mammography (as defined in sec-  
 2           tion 1861(jj) of the Social Security Act) for Indian  
 3           women at a frequency appropriate to such women  
 4           under accepted and appropriate national standards,  
 5           and under such terms and conditions as are con-  
 6           sistent with standards established by the Secretary to  
 7           ensure the safety and accuracy of screening mammog-  
 8           raphy under part B of title XVIII of such Act.

9           “(2) Other cancer screening that receives an A or  
 10          B rating as recommended by the United States Pre-  
 11          ventive Services Task Force established under section  
 12          915(a)(1) of the Public Health Service Act (42 U.S.C.  
 13          299b-4(a)(1)). The Secretary shall ensure that screen-  
 14          ing provided for under this paragraph complies with  
 15          the recommendations of the Task Force with respect  
 16          to—

17               “(A) frequency;

18               “(B) the population to be served;

19               “(C) the procedure or technology to be used;

20               “(D) evidence of effectiveness; and

21               “(E) other matters that the Secretary deter-  
 22          mines appropriate.

23   **“SEC. 208. PATIENT TRAVEL COSTS.**

24           “(a) **DEFINITION OF QUALIFIED ESCORT.**—In this sec-  
 25          tion, the term ‘qualified escort’ means—



1           “(1) an adult escort (including a parent, guard-  
2       ian, or other family member) who is required because  
3       of the physical or mental condition, or age, of the ap-  
4       plicable patient;

5           “(2) a health professional for the purpose of pro-  
6       viding necessary medical care during travel by the  
7       applicable patient; or

8           “(3) other escorts, as the Secretary or applicable  
9       Indian Health Program determines to be appropriate.

10       “(b) *PROVISION OF FUNDS.*—The Secretary, acting  
11       through the Service and Tribal Health Programs, is author-  
12       ized to provide funds for the following patient travel costs,  
13       including qualified escorts, associated with receiving health  
14       care services provided (either through direct or contract care  
15       or through a contract or compact under the Indian Self-  
16       Determination and Education Assistance Act (25 U.S.C.  
17       450 et seq.)) under this Act—

18           “(1) emergency air transportation and non-  
19       emergency air transportation where ground transpor-  
20       tation is infeasible;

21           “(2) transportation by private vehicle (where no  
22       other means of transportation is available), specially  
23       equipped vehicle, and ambulance; and

1           “(3) transportation by such other means as may  
2           be available and required when air or motor vehicle  
3           transportation is not available.

4   **“SEC. 209. EPIDEMIOLOGY CENTERS.**

5           “(a) *ESTABLISHMENT OF CENTERS.*—The Secretary  
6           shall establish an epidemiology center in each Service Area  
7           to carry out the functions described in subsection (b). Any  
8           new center established after the date of the enactment of  
9           the Indian Health Care Improvement Act Amendments of  
10          2007 may be operated under a grant authorized by sub-  
11          section (d), but funding under such a grant shall not be  
12          divisible.

13          “(b) *FUNCTIONS OF CENTERS.*—In consultation with  
14          and upon the request of Indian Tribes, Tribal Organiza-  
15          tions, and Urban Indian Organizations, each Service Area  
16          epidemiology center established under this subsection shall,  
17          with respect to such Service Area—

18                 “(1) collect data relating to, and monitor  
19                 progress made toward meeting, each of the health sta-  
20                 tus objectives of the Service, the Indian Tribes, Tribal  
21                 Organizations, and Urban Indian Organizations in  
22                 the Service Area;

23                 “(2) evaluate existing delivery systems, data sys-  
24                 tems, and other systems that impact the improvement  
25                 of Indian health;

1           “(3) assist Indian Tribes, Tribal Organizations,  
2           and Urban Indian Organizations in identifying their  
3           highest priority health status objectives and the serv-  
4           ices needed to achieve such objectives, based on epide-  
5           miological data;

6           “(4) make recommendations for the targeting of  
7           services needed by the populations served;

8           “(5) make recommendations to improve health  
9           care delivery systems for Indians and Urban Indians;

10          “(6) provide requested technical assistance to In-  
11          dian Tribes, Tribal Organizations, and Urban Indian  
12          Organizations in the development of local health serv-  
13          ice priorities and incidence and prevalence rates of  
14          disease and other illness in the community; and

15          “(7) provide disease surveillance and assist In-  
16          dian Tribes, Tribal Organizations, and Urban Indian  
17          Organizations to promote public health.

18          “(c) TECHNICAL ASSISTANCE.—The Director of the  
19          Centers for Disease Control and Prevention shall provide  
20          technical assistance to the centers in carrying out the re-  
21          quirements of this subsection.

22          “(d) GRANTS FOR STUDIES.—

23          “(1) IN GENERAL.—The Secretary may make  
24          grants to Indian Tribes, Tribal Organizations, Urban  
25          Indian Organizations, and eligible intertribal con-

1        *sortia to conduct epidemiological studies of Indian*  
2        *communities.*

3                “(2) *ELIGIBLE INTERTRIBAL CONSORTIA.*—An  
4        *intertribal consortium is eligible to receive a grant*  
5        *under this subsection if—*

6                “(A) *the intertribal consortium is incor-*  
7        *porated for the primary purpose of improving*  
8        *Indian health; and*

9                “(B) *the intertribal consortium is represent-*  
10       *ative of the Indian Tribes or urban Indian com-*  
11       *munities in which the intertribal consortium is*  
12       *located.*

13               “(3) *APPLICATIONS.*—An application for a grant  
14       *under this subsection shall be submitted in such man-*  
15       *ner and at such time as the Secretary shall prescribe.*

16               “(4) *REQUIREMENTS.*—An applicant for a grant  
17       *under this subsection shall—*

18               “(A) *demonstrate the technical, administra-*  
19       *tive, and financial expertise necessary to carry*  
20       *out the functions described in paragraph (5);*

21               “(B) *consult and cooperate with providers*  
22       *of related health and social services in order to*  
23       *avoid duplication of existing services; and*

“(C) demonstrate cooperation from Indian tribes or Urban Indian Organizations in the area to be served.

“(5) *USE OF FUNDS.*—A grant awarded under paragraph (1) may be used—

“(A) to carry out the functions described in subsection (b);

“(B) to provide information to and consult with tribal leaders, urban Indian community leaders, and related health staff on health care and health service management issues; and

“(C) in collaboration with Indian Tribes, Tribal Organizations, and urban Indian communities, to provide the Service with information regarding ways to improve the health status of Indians.

“(e) *ACCESS TO INFORMATION.*—An epidemiology center operated by a grantee pursuant to a grant awarded under subsection (d) shall be treated as a public health authority for purposes of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104–191; 110 Stat. 2033), as such entities are defined in part 164.501 of title 45, Code of Federal Regulations (or a successor regulation). The Secretary shall grant such grantees access to and use of data, data sets, monitoring systems, delivery sys-



1 *tems, and other protected health information in the posses-*  
2 *sion of the Secretary.*

3 ***“SEC. 210. COMPREHENSIVE SCHOOL HEALTH EDUCATION***  
4 ***PROGRAMS.***

5 *“(a) FUNDING FOR DEVELOPMENT OF PROGRAMS.—*  
6 *In addition to carrying out any other program for health*  
7 *promotion or disease prevention, the Secretary, acting*  
8 *through the Service, is authorized to award grants to In-*  
9 *dian Tribes, Tribal Organizations, and Urban Indian Or-*  
10 *ganizations to develop comprehensive school health edu-*  
11 *cation programs for children from pre-school through grade*  
12 *12 in schools for the benefit of Indian and Urban Indian*  
13 *children.*

14 *“(b) USE OF GRANT FUNDS.—A grant awarded under*  
15 *this section may be used for purposes which may include,*  
16 *but are not limited to, the following:*

17 *“(1) Developing health education materials both*  
18 *for regular school programs and afterschool programs.*

19 *“(2) Training teachers in comprehensive school*  
20 *health education materials.*

21 *“(3) Integrating school-based, community-based,*  
22 *and other public and private health promotion efforts.*

23 *“(4) Encouraging healthy, tobacco-free school en-*  
24 *vironments.*

1           “(5) Coordinating school-based health programs  
2       with existing services and programs available in the  
3       community.

4           “(6) Developing school programs on nutrition  
5       education, personal health, oral health, and fitness.

6           “(7) Developing behavioral health wellness pro-  
7       grams.

8           “(8) Developing chronic disease prevention pro-  
9       grams.

10          “(9) Developing substance abuse prevention pro-  
11       grams.

12          “(10) Developing injury prevention and safety  
13       education programs.

14          “(11) Developing activities for the prevention  
15       and control of communicable diseases.

16          “(12) Developing community and environmental  
17       health education programs that include traditional  
18       health care practitioners.

19          “(13) Violence prevention.

20          “(14) Such other health issues as are appro-  
21       priate.

22          “(c) TECHNICAL ASSISTANCE.—Upon request, the Sec-  
23       retary, acting through the Service, shall provide technical  
24       assistance to Indian Tribes, Tribal Organizations, and  
25       Urban Indian Organizations in the development of com-

1 *prehensive health education plans and the dissemination of*  
2 *comprehensive health education materials and information*  
3 *on existing health programs and resources.*

4       “(d) *CRITERIA FOR REVIEW AND APPROVAL OF APPLI-*  
5 *CATIONS.—The Secretary, acting through the Service, and*  
6 *in consultation with Indian Tribes, Tribal Organizations,*  
7 *and Urban Indian Organizations, shall establish criteria*  
8 *for the review and approval of applications for grants*  
9 *awarded under this section.*

10       “(e) *DEVELOPMENT OF PROGRAM FOR BIA-FUNDED*  
11 *SCHOOLS.—*

12               “(1) *IN GENERAL.—The Secretary of the Inte-*  
13 *rior, acting through the Bureau of Indian Affairs and*  
14 *in cooperation with the Secretary, acting through the*  
15 *Service, and affected Indian Tribes and Tribal Orga-*  
16 *nizations, shall develop a comprehensive school health*  
17 *education program for children from preschool*  
18 *through grade 12 in schools for which support is pro-*  
19 *vided by the Bureau of Indian Affairs.*

20               “(2) *REQUIREMENTS FOR PROGRAMS.—Such*  
21 *programs shall include—*

22                       “(A) *school programs on nutrition edu-*  
23 *cation, personal health, oral health, and fitness;*

24                       “(B) *behavioral health wellness programs;*

25                       “(C) *chronic disease prevention programs;*

1                   “(D) substance abuse prevention programs;

2                   “(E) injury prevention and safety education

3                   programs; and

4                   “(F) activities for the prevention and con-

5                   trol of communicable diseases.

6                   “(3) DUTIES OF THE SECRETARY.—The Sec-

7                   retary of the Interior shall—

8                   “(A) provide training to teachers in com-

9                   prehensive school health education materials;

10                  “(B) ensure the integration and coordina-

11                  tion of school-based programs with existing serv-

12                  ices and health programs available in the com-

13                  munity; and

14                  “(C) encourage healthy, tobacco-free school

15                  environments.

16   **“SEC. 211. INDIAN YOUTH PROGRAM.**

17                  “(a) PROGRAM AUTHORIZED.—The Secretary, acting

18                  through the Service, is authorized to establish and admin-

19                  ister a program to provide grants to Indian Tribes, Tribal

20                  Organizations, and Urban Indian Organizations for inno-

21                  vative mental and physical disease prevention and health

22                  promotion and treatment programs for Indian and Urban

23                  Indian preadolescent and adolescent youths.

24                  “(b) USE OF FUNDS.—

1           “(1) *ALLOWABLE USES.*—Funds made available  
2       under this section may be used to—

3           “(A) develop prevention and treatment pro-  
4       grams for Indian youth which promote mental  
5       and physical health and incorporate cultural  
6       values, community and family involvement, and  
7       traditional health care practitioners; and

8           “(B) develop and provide community train-  
9       ing and education.

10          “(2) *PROHIBITED USE.*—Funds made available  
11       under this section may not be used to provide services  
12       described in section 707(c).

13          “(c) *DUTIES OF THE SECRETARY.*—The Secretary  
14       shall—

15          “(1) disseminate to Indian Tribes, Tribal Orga-  
16       nizations, and Urban Indian Organizations informa-  
17       tion regarding models for the delivery of comprehen-  
18       sive health care services to Indian and Urban Indian  
19       adolescents;

20          “(2) encourage the implementation of such mod-  
21       els; and

22          “(3) at the request of an Indian Tribe, Tribal  
23       Organization, or Urban Indian Organization, provide  
24       technical assistance in the implementation of such  
25       models.



1       “(d) *CRITERIA FOR REVIEW AND APPROVAL OF APPLI-*  
2 *CATIONS.—The Secretary, in consultation with Indian*  
3 *Tribes, Tribal Organizations, and Urban Indian Organiza-*  
4 *tions, shall establish criteria for the review and approval*  
5 *of applications or proposals under this section.*

6       “**SEC. 212. PREVENTION, CONTROL, AND ELIMINATION OF**  
7               **COMMUNICABLE AND INFECTIOUS DISEASES.**

8       “(a) *GRANTS AUTHORIZED.—The Secretary, acting*  
9 *through the Service, and after consultation with the Centers*  
10 *for Disease Control and Prevention, may make grants*  
11 *available to Indian Tribes, Tribal Organizations, and*  
12 *Urban Indian Organizations for the following:*

13           “(1) *Projects for the prevention, control, and*  
14 *elimination of communicable and infectious diseases,*  
15 *including tuberculosis, hepatitis, HIV, respiratory*  
16 *syncytial virus, hanta virus, sexually transmitted dis-*  
17 *eases, and H. Pylori.*

18           “(2) *Public information and education programs*  
19 *for the prevention, control, and elimination of com-*  
20 *municable and infectious diseases.*

21           “(3) *Education, training, and clinical skills im-*  
22 *provement activities in the prevention, control, and*  
23 *elimination of communicable and infectious diseases*  
24 *for health professionals, including allied health profes-*  
25 *sionals.*

1           “(4) *Demonstration projects for the screening,*  
2           *treatment, and prevention of hepatitis C virus (HCV).*

3           “(b) *APPLICATION REQUIRED.—The Secretary may*  
4           *provide funding under subsection (a) only if an application*  
5           *or proposal for funding is submitted to the Secretary.*

6           “(c) *COORDINATION WITH HEALTH AGENCIES.—In-*  
7           *dian Tribes, Tribal Organizations, and Urban Indian Or-*  
8           *ganizations receiving funding under this section are encour-*  
9           *aged to coordinate their activities with the Centers for Dis-*  
10           *ease Control and Prevention and State and local health*  
11           *agencies.*

12           “(d) *TECHNICAL ASSISTANCE; REPORT.—In carrying*  
13           *out this section, the Secretary—*

14           “(1) *may, at the request of an Indian Tribe,*  
15           *Tribal Organization, or Urban Indian Organization,*  
16           *provide technical assistance; and*

17           “(2) *shall prepare and submit a report to Con-*  
18           *gress biennially on the use of funds under this section*  
19           *and on the progress made toward the prevention, con-*  
20           *trol, and elimination of communicable and infectious*  
21           *diseases among Indians and Urban Indians.*

22           **“SEC. 213. AUTHORITY FOR PROVISION OF OTHER SERV-**  
23           **ICES.**

24           “(a) *FUNDING AUTHORIZED.—The Secretary, acting*  
25           *through the Service, Indian Tribes, and Tribal Organiza-*

tions, may provide funding under this Act to meet the objectives set forth in section 3 through health care-related services and programs not otherwise described in this Act, including—

“(1) hospice care;

“(2) assisted living;

“(3) long-term care; and

“(4) home- and community-based services.

“(b) *TERMS AND CONDITIONS.*—

“(1) *IN GENERAL.*—Any service provided under this section shall be in accordance with such terms and conditions as are consistent with accepted and appropriate standards relating to the service, including any licensing term or condition under this Act.

“(2) *STANDARDS.*—

“(A) *IN GENERAL.*—The Secretary may establish, by regulation, the standards for a service provided under this section, provided that such standards shall not be more stringent than the standards required by the State in which the service is provided.

“(B) *USE OF STATE STANDARDS.*—If the Secretary does not, by regulation, establish standards for a service provided under this section, the standards required by the State in

1        *which the service is or will be provided shall*  
2        *apply to such service.*

3                “(C) *INDIAN TRIBES.*—If a service under  
4        *this section is provided by an Indian Tribe or*  
5        *Tribal Organization pursuant to the Indian*  
6        *Self-Determination and Education Assistance*  
7        *Act (25 U.S.C. 450 et seq.), the verification by*  
8        *the Secretary that the service meets any stand-*  
9        *ards required by the State in which the service*  
10       *is or will be provided shall be considered to meet*  
11       *the terms and conditions required under this*  
12       *subsection.*

13               “(3) *ELIGIBILITY.*—The following individuals  
14       *shall be eligible to receive long-term care under this*  
15       *section:*

16               “(A) *Individuals who are unable to perform*  
17       *a certain number of activities of daily living*  
18       *without assistance.*

19               “(B) *Individuals with a mental impair-*  
20       *ment, such as dementia, Alzheimer’s disease, or*  
21       *another disabling mental illness, who may be*  
22       *able to perform activities of daily living under*  
23       *supervision.*

“(C) Such other individuals as an applicable Indian Health Program determines to be appropriate.

“(c) **DEFINITIONS.**—For the purposes of this section, the following definitions shall apply:

“(1) The term ‘home- and community-based services’ means 1 or more of the services specified in paragraphs (1) through (9) of section 1929(a) of the Social Security Act (42 U.S.C. 1396t(a)) (whether provided by the Service or by an Indian Tribe or Tribal Organization pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) that are or will be provided in accordance with the standards described in subsection (b).

“(2) The term ‘hospice care’ means the items and services specified in subparagraphs (A) through (II) of section 1861(dd)(1) of the Social Security Act (42 U.S.C. 1395x(dd)(1)), and such other services which an Indian Tribe or Tribal Organization determines are necessary and appropriate to provide in furtherance of this care.

**“SEC. 214. INDIAN WOMEN’S HEALTH CARE.**

“The Secretary, acting through the Service and Indian Tribes, Tribal Organizations, and Urban Indian Organizations, shall monitor and improve the quality of health care



1 *for Indian women of all ages through the planning and de-*  
2 *livery of programs administered by the Service, in order*  
3 *to improve and enhance the treatment models of care for*  
4 *Indian women.*

5 **"SEC. 215. ENVIRONMENTAL AND NUCLEAR HEALTH HAZ-**  
6 **ARDS.**

7       “(a) *STUDIES AND MONITORING.*—*The Secretary and*  
8 *the Service shall conduct, in conjunction with other appro-*  
9 *priate Federal agencies and in consultation with concerned*  
10 *Indian Tribes and Tribal Organizations, studies and ongo-*  
11 *ing monitoring programs to determine trends in the health*  
12 *hazards to Indian miners and to Indians on or near res-*  
13 *errations and Indian communities as a result of environ-*  
14 *mental hazards which may result in chronic or life threat-*  
15 *ening health problems, such as nuclear resource develop-*  
16 *ment, petroleum contamination, and contamination of*  
17 *water source and of the food chain. Such studies shall in-*  
18 *clude—*

19               “(1) *an evaluation of the nature and extent of*  
20 *health problems caused by environmental hazards cur-*  
21 *rently exhibited among Indians and the causes of such*  
22 *health problems;*

23               “(2) *an analysis of the potential effect of ongoing*  
24 *and future environmental resource development on or*

1     *near reservations and Indian communities, including*  
2     *the cumulative effect over time on health;*

3             *“(3) an evaluation of the types and nature of ac-*  
4     *tivities, practices, and conditions causing or affecting*  
5     *such health problems, including uranium mining and*  
6     *milling, uranium mine tailing deposits, nuclear*  
7     *power plant operation and construction, and nuclear*  
8     *waste disposal; oil and gas production or transpor-*  
9     *tation on or near reservations or Indian commu-*  
10    *nities; and other development that could affect the*  
11    *health of Indians and their water supply and food*  
12    *chain;*

13            *“(4) a summary of any findings and rec-*  
14    *ommendations provided in Federal and State studies,*  
15    *reports, investigations, and inspections during the 5*  
16    *years prior to the date of enactment of the Indian*  
17    *Health Care Improvement Act Amendments of 2007*  
18    *that directly or indirectly relate to the activities,*  
19    *practices, and conditions affecting the health or safety*  
20    *of such Indians; and*

21            *“(5) the efforts that have been made by Federal*  
22    *and State agencies and resource and economic devel-*  
23    *opment companies to effectively carry out an edu-*  
24    *cation program for such Indians regarding the health*  
25    *and safety hazards of such development.*

1       “(b) *HEALTH CARE PLANS.*—Upon completion of such  
2 studies, the Secretary and the Service shall take into ac-  
3 count the results of such studies and develop health care  
4 plans to address the health problems studied under sub-  
5 section (a). The plans shall include—

6               “(1) methods for diagnosing and treating Indi-  
7       ans currently exhibiting such health problems;

8               “(2) preventive care and testing for Indians who  
9       may be exposed to such health hazards, including the  
10       monitoring of the health of individuals who have or  
11       may have been exposed to excessive amounts of radi-  
12       ation or affected by other activities that have had or  
13       could have a serious impact upon the health of such  
14       individuals; and

15              “(3) a program of education for Indians who, by  
16       reason of their work or geographic proximity to such  
17       nuclear or other development activities, may experi-  
18       ence health problems.

19       “(c) *SUBMISSION OF REPORT AND PLAN TO CON-*  
20 *GRESS.*—The Secretary and the Service shall submit to  
21 Congress the study prepared under subsection (a) no later  
22 than 18 months after the date of enactment of the Indian  
23 Health Care Improvement Act Amendments of 2007. The  
24 health care plan prepared under subsection (b) shall be sub-  
25 mitted in a report no later than 1 year after the study pre-

pared under subsection (a) is submitted to Congress. Such report shall include recommended activities for the implementation of the plan, as well as an evaluation of any activities previously undertaken by the Service to address such health problems.

“(d) *INTERGOVERNMENTAL TASK FORCE.*—

“(1) *ESTABLISHMENT; MEMBERS.*—There is established an Intergovernmental Task Force to be composed of the following individuals (or their designees):

“(A) *The Secretary of Energy.*

“(B) *The Secretary of the Environmental Protection Agency.*

“(C) *The Director of the Bureau of Mines.*

“(D) *The Assistant Secretary for Occupational Safety and Health.*

“(E) *The Secretary of the Interior.*

“(F) *The Secretary of Health and Human Services.*

“(G) *The Director of the Indian Health Service.*

“(2) *DUTIES.*—The Task Force shall—

“(A) *identify existing and potential operations related to nuclear resource development or other environmental hazards that affect or may*

1           *affect the health of Indians on or near a reserva-*  
 2           *tion or in an Indian community; and*

3           *“(B) enter into activities to correct existing*  
 4           *health hazards and ensure that current and fu-*  
 5           *ture health problems resulting from nuclear re-*  
 6           *source or other development activities are mini-*  
 7           *mized or reduced.*

8           *“(3) CHAIRMAN; MEETINGS.—The Secretary of*  
 9           *Health and Human Services shall be the Chairman*  
 10          *of the Task Force. The Task Force shall meet at least*  
 11          *twice each year.*

12          *“(e) HEALTH SERVICES TO CERTAIN EMPLOYEES.—*  
 13          *In the case of any Indian who—*

14           *“(1) as a result of employment in or near a ura-*  
 15           *nium mine or mill or near any other environmental*  
 16           *hazard, suffers from a work-related illness or condi-*  
 17           *tion;*

18           *“(2) is eligible to receive diagnosis and treatment*  
 19           *services from an Indian Health Program; and*

20           *“(3) by reason of such Indian’s employment, is*  
 21           *entitled to medical care at the expense of such mine*  
 22           *or mill operator or entity responsible for the environ-*  
 23           *mental hazard, the Indian Health Program shall, at*  
 24           *the request of such Indian, render appropriate med-*  
 25           *ical care to such Indian for such illness or condition*



1       and may be reimbursed for any medical care so ren-  
2       dered to which such Indian is entitled at the expense  
3       of such operator or entity from such operator or enti-  
4       ty. Nothing in this subsection shall affect the rights  
5       of such Indian to recover damages other than such  
6       amounts paid to the Indian Health Program from the  
7       employer for providing medical care for such illness  
8       or condition.

9       **“SEC. 216. ARIZONA AS A CONTRACT HEALTH SERVICE DE-**  
10       **LIVERY AREA.**

11       “(a) *IN GENERAL.*—For fiscal years beginning with  
12       the fiscal year ending September 30, 1983, and ending with  
13       the fiscal year ending September 30, 2016, the State of Ari-  
14       zona shall be designated as a contract health service delivery  
15       area by the Service for the purpose of providing contract  
16       health care services to members of federally recognized In-  
17       dian Tribes of Arizona.

18       “(b) *MAINTENANCE OF SERVICES.*—The Service shall  
19       not curtail any health care services provided to Indians re-  
20       siding on reservations in the State of Arizona if such cur-  
21       tailment is due to the provision of contract services in such  
22       State pursuant to the designation of such State as a con-  
23       tract health service delivery area pursuant to subsection (a).

1 **“SEC. 217. NORTH DAKOTA AND SOUTH DAKOTA AS CON-**  
 2 **TRACT HEALTH SERVICE DELIVERY AREA.**

3 “(a) *IN GENERAL.*—Beginning in fiscal year 2003, the  
 4 States of North Dakota and South Dakota shall be des-  
 5 ignated as a contract health service delivery area by the  
 6 Service for the purpose of providing contract health care  
 7 services to members of federally recognized Indian Tribes  
 8 of North Dakota and South Dakota.

9 “(b) *LIMITATION.*—The Service shall not curtail any  
 10 health care services provided to Indians residing on any  
 11 reservation, or in any county that has a common boundary  
 12 with any reservation, in the State of North Dakota or South  
 13 Dakota if such curtailment is due to the provision of con-  
 14 tract services in such States pursuant to the designation  
 15 of such States as a contract health service delivery area pur-  
 16 suant to subsection (a).

17 **“SEC. 218. CALIFORNIA CONTRACT HEALTH SERVICES PRO-**  
 18 **GRAM.**

19 “(a) *FUNDING AUTHORIZED.*—The Secretary is au-  
 20 thorized to fund a program using the California Rural In-  
 21 dian Health Board (hereafter in this section referred to as  
 22 the ‘CRIHB’) as a contract care intermediary to improve  
 23 the accessibility of health services to California Indians.

24 “(b) *REIMBURSEMENT CONTRACT.*—The Secretary  
 25 shall enter into an agreement with the CRIHB to reimburse  
 26 the CRIHB for costs (including reasonable administrative

1 costs) incurred pursuant to this section, in providing med-  
2 ical treatment under contract to California Indians de-  
3 scribed in section 806(a) throughout the California contract  
4 health services delivery area described in section 218 with  
5 respect to high cost contract care cases.

6 “(c) *ADMINISTRATIVE EXPENSES*.—Not more than 5  
7 percent of the amounts provided to the CRIHB under this  
8 section for any fiscal year may be for reimbursement for  
9 administrative expenses incurred by the CRIHB during  
10 such fiscal year.

11 “(d) *LIMITATION ON PAYMENT*.—No payment may be  
12 made for treatment provided hereunder to the extent pay-  
13 ment may be made for such treatment under the Indian  
14 Catastrophic Health Emergency Fund described in section  
15 202 or from amounts appropriated or otherwise made  
16 available to the California contract health service delivery  
17 area for a fiscal year.

18 “(e) *ADVISORY BOARD*.—There is established an advi-  
19 sory board which shall advise the CRIHB in carrying out  
20 this section. The advisory board shall be composed of rep-  
21 resentatives, selected by the CRIHB, from not less than 8  
22 Tribal Health Programs serving California Indians covered  
23 under this section at least  $\frac{1}{2}$  of whom are not  
24 affiliated with the CRIHB.

1   **"SEC. 219. CALIFORNIA AS A CONTRACT HEALTH SERVICE**  
2                   **DELIVERY AREA.**

3           *"The State of California, excluding the counties of Ala-*  
4   *meda, Contra Costa, Los Angeles, Marin, Orange, Sac-*  
5   *ramento, San Francisco, San Mateo, Santa Clara, Kern,*  
6   *Merced, Monterey, Napa, San Benito, San Joaquin, San*  
7   *Luis Obispo, Santa Cruz, Solano, Stanislaus, and Ventura,*  
8   *shall be designated as a contract health service delivery area*  
9   *by the Service for the purpose of providing contract health*  
10   *services to California Indians. However, any of the counties*  
11   *listed herein may only be included in the contract health*  
12   *services delivery area if funding is specifically provided by*  
13   *the Service for such services in those counties.*

14   **"SEC. 220. CONTRACT HEALTH SERVICES FOR THE TREN-**  
15                   **TON SERVICE AREA.**

16           *"(a) AUTHORIZATION FOR SERVICES.—The Secretary,*  
17   *acting through the Service, is directed to provide contract*  
18   *health services to members of the Turtle Mountain Band*  
19   *of Chippewa Indians that reside in the Trenton Service*  
20   *Area of Divide, McKenzie, and Williams counties in the*  
21   *State of North Dakota and the adjoining counties of Rich-*  
22   *land, Roosevelt, and Sheridan in the State of Montana.*

23           *"(b) NO EXPANSION OF ELIGIBILITY.—Nothing in this*  
24   *section may be construed as expanding the eligibility of*  
25   *members of the Turtle Mountain Band of Chippewa Indians*  
26   *for health services provided by the Service beyond the scope*

1 of eligibility for such health services that applied on May  
2 1, 1986.

3 **“SEC. 221. PROGRAMS OPERATED BY INDIAN TRIBES AND**  
4 **TRIBAL ORGANIZATIONS.**

5 “The Service shall provide funds for health care pro-  
6 grams and facilities operated by Tribal Health Programs  
7 on the same basis as such funds are provided to programs  
8 and facilities operated directly by the Service.

9 **“SEC. 222. LICENSING.**

10 “Health care professionals employed by a Tribal  
11 Health Program shall, if licensed in any State, be exempt  
12 from the licensing requirements of the State in which the  
13 Tribal Health Program performs the services described in  
14 its contract or compact under the Indian Self-Determina-  
15 tion and Education Assistance Act (25 U.S.C. 450 et seq.).

16 **“SEC. 223. NOTIFICATION OF PROVISION OF EMERGENCY**  
17 **CONTRACT HEALTH SERVICES.**

18 “With respect to an elderly Indian or an Indian with  
19 a disability receiving emergency medical care or services  
20 from a non-Service provider or in a non-Service facility  
21 under the authority of this Act, the time limitation (as a  
22 condition of payment) for notifying the Service of such  
23 treatment or admission shall be 30 days.



1 **“SEC. 224. PROMPT ACTION ON PAYMENT OF CLAIMS.**

2       “(a) *DEADLINE FOR RESPONSE.*—The Service shall re-  
3 spond to a notification of a claim by a provider of a con-  
4 tract care service with either an individual purchase order  
5 or a denial of the claim within 5 working days after the  
6 receipt of such notification.

7       “(b) *EFFECT OF UNTIMELY RESPONSE.*—If the Service  
8 fails to respond to a notification of a claim in accordance  
9 with subsection (a), the Service shall accept as valid the  
10 claim submitted by the provider of a contract care service.

11       “(c) *DEADLINE FOR PAYMENT OF VALID CLAIM.*—The  
12 Service shall pay a valid contract care service claim within  
13 30 days after the completion of the claim.

14 **“SEC. 225. LIABILITY FOR PAYMENT.**

15       “(a) *NO PATIENT LIABILITY.*—A patient who receives  
16 contract health care services that are authorized by the  
17 Service shall not be liable for the payment of any charges  
18 or costs associated with the provision of such services.

19       “(b) *NOTIFICATION.*—The Secretary shall notify a con-  
20 tract care provider and any patient who receives contract  
21 health care services authorized by the Service that such pa-  
22 tient is not liable for the payment of any charges or costs  
23 associated with the provision of such services not later than  
24 5 business days after receipt of a notification of a claim  
25 by a provider of contract care services.

1       “(c) *NO RECOURSE.*—Following receipt of the notice  
2 provided under subsection (b), or, if a claim has been  
3 deemed accepted under section 223(b), the provider shall  
4 have no further recourse against the patient who received  
5 the services.

6       **“SEC. 226. OFFICE OF INDIAN MEN’S HEALTH.**

7       “(a) *ESTABLISHMENT.*—The Secretary may establish  
8 within the Service an office to be known as the ‘Office of  
9 Indian Men’s Health’ (referred to in this section as the ‘Of-  
10 fice’).

11       “(b) *DIRECTOR.*—

12               “(1) *IN GENERAL.*—The Office shall be headed by  
13 a director, to be appointed by the Secretary.

14               “(2) *DUTIES.*—The director shall coordinate and  
15 promote the status of the health of Indian men in the  
16 United States.

17       “(c) *REPORT.*—Not later than 2 years after the date  
18 of enactment of the Indian Health Care Improvement Act  
19 Amendments of 2007, the Secretary, acting through the di-  
20 rector of the Office, shall submit to Congress a report de-  
21 scribing—

22               “(1) any activity carried out by the director as  
23 of the date on which the report is prepared; and

24               “(2) any finding of the director with respect to  
25 the health of Indian men.

1 **“SEC. 227. AUTHORIZATION OF APPROPRIATIONS.**

2       *“There are authorized to be appropriated such sums*  
 3 *as may be necessary for each fiscal year through fiscal year*  
 4 *2017 to carry out this title.*

5                   **“TITLE III—FACILITIES**

6 **“SEC. 301. CONSULTATION; CONSTRUCTION AND RENOVA-**  
 7 **TION OF FACILITIES; REPORTS.**

8       “(a) *PREREQUISITES FOR EXPENDITURE OF*  
 9 *FUNDS.—Prior to the expenditure of, or the making of any*  
 10 *binding commitment to expend, any funds appropriated for*  
 11 *the planning, design, construction, or renovation of facili-*  
 12 *ties pursuant to the Act of November 2, 1921 (25 U.S.C.*  
 13 *13) (commonly known as the ‘Snyder Act’), the Secretary,*  
 14 *acting through the Service, shall—*

15               “(1) *consult with any Indian Tribe that would*  
 16 *be significantly affected by such expenditure for the*  
 17 *purpose of determining and, whenever practicable,*  
 18 *honoring tribal preferences concerning size, location,*  
 19 *type, and other characteristics of any facility on*  
 20 *which such expenditure is to be made; and*

21               “(2) *ensure, whenever practicable and applicable,*  
 22 *that such facility meets the construction standards of*  
 23 *any accrediting body recognized by the Secretary for*  
 24 *the purposes of the Medicare, Medicaid, and SCHIP*  
 25 *programs under titles XVIII, XIX, and XXI of the*  
 26 *Social Security Act by not later than 1 year after the*

1     *date on which the construction or renovation of such*  
2     *facility is completed.*

3     “(b) CLOSURES.—

4             “(1) EVALUATION REQUIRED.—Notwithstanding  
5     *any other provision of law, no facility operated by the*  
6     *Service, or any portion of such facility, may be closed*  
7     *if the Secretary has not submitted to Congress, not*  
8     *less than 1 year and not more than 2 years before the*  
9     *date of the proposed closure, an evaluation, completed*  
10    *not more than 2 years before such submission, of the*  
11    *impact of the proposed closure that specifies, in addi-*  
12    *tion to other considerations—*

13             “(A) *the accessibility of alternative health*  
14     *care resources for the population served by such*  
15     *facility;*

16             “(B) *the cost-effectiveness of such closure;*

17             “(C) *the quality of health care to be pro-*  
18     *vided to the population served by such facility*  
19     *after such closure;*

20             “(D) *the availability of contract health care*  
21     *funds to maintain existing levels of service;*

22             “(E) *the views of the Indian Tribes served*  
23     *by such facility concerning such closure;*

24             “(F) *the level of use of such facility by all*  
25     *eligible Indians; and*

1           “(G) the distance between such facility and  
2           the nearest operating Service hospital.

3           “(2) *EXCEPTION FOR CERTAIN TEMPORARY CLO-*  
4           *SURES.*—Paragraph (1) shall not apply to any tem-  
5           porary closure of a facility or any portion of a facil-  
6           ity if such closure is necessary for medical, environ-  
7           mental, or construction safety reasons.

8           “(c) *HEALTH CARE FACILITY PRIORITY SYSTEM.*—

9           “(1) *IN GENERAL.*—

10           “(A) *PRIORITY SYSTEM.*—The Secretary,  
11           acting through the Service, shall maintain a  
12           health care facility priority system, which—

13           “(i) shall be developed in consultation  
14           with Indian Tribes and Tribal Organiza-  
15           tions;

16           “(ii) shall give Indian Tribes’ needs  
17           the highest priority;

18           “(iii)(I) may include the lists required  
19           in paragraph (2)(B)(ii); and

20           “(II) shall include the methodology re-  
21           quired in paragraph (2)(B)(v); and

22           “(III) may include such other facili-  
23           ties, and such renovation or expansion  
24           needs of any health care facility, as the



1           *Service, Indian Tribes, and Tribal Organi-*  
2           *zations may identify; and*

3                   “(iv) shall provide an opportunity for  
4           *the nomination of planning, design, and*  
5           *construction projects by the Service, Indian*  
6           *Tribes, and Tribal Organizations for con-*  
7           *sideration under the priority system at least*  
8           *once every 3 years, or more frequently as*  
9           *the Secretary determines to be appropriate.*

10           “(B) *NEEDS OF FACILITIES UNDER ISDEAA*  
11           *AGREEMENTS.—The Secretary shall ensure that*  
12           *the planning, design, construction, renovation,*  
13           *and expansion needs of Service and non-Service*  
14           *facilities operated under contracts or compacts*  
15           *in accordance with the Indian Self-Determina-*  
16           *tion and Education Assistance Act (25 U.S.C.*  
17           *450 et seq.) are fully and equitably integrated*  
18           *into the health care facility priority system.*

19           “(C) *CRITERIA FOR EVALUATING NEEDS.—*  
20           *For purposes of this subsection, the Secretary, in*  
21           *evaluating the needs of facilities operated under*  
22           *a contract or compact under the Indian Self-De-*  
23           *termination and Education Assistance Act (25*  
24           *U.S.C. 450 et seq.), shall use the criteria used by*

1           the Secretary in evaluating the needs of facilities  
2           operated directly by the Service.

3           “(D) *PRIORITY OF CERTAIN PROJECTS PRO-*  
4           *TECTED.—The priority of any project established*  
5           *under the construction priority system in effect*  
6           *on the date of enactment of the Indian Health*  
7           *Care Improvement Act Amendments of 2007*  
8           *shall not be affected by any change in the con-*  
9           *struction priority system taking place after that*  
10          *date if the project—*

11                   “(i) *was identified in the fiscal year*  
12                   *2008 Service budget justification as—*

13                           “(I) *1 of the 10 top-priority inpa-*  
14                           *tient projects;*

15                           “(II) *1 of the 10 top-priority out-*  
16                           *patient projects;*

17                           “(III) *1 of the 10 top-priority*  
18                           *staff quarters developments; or*

19                           “(IV) *1 of the 10 top-priority*  
20                           *Youth Regional Treatment Centers;*

21                   “(ii) *had completed both Phase I and*  
22                   *Phase II of the construction priority system*  
23                   *in effect on the date of enactment of such*  
24                   *Act; or*

1           “(iii) is not included in clause (i) or  
2           (ii) and is selected, as determined by the  
3           Secretary—

4           “(I) on the initiative of the Sec-  
5           retary; or

6           “(II) pursuant to a request of an  
7           Indian Tribe or Tribal Organization.

8           “(2) REPORT; CONTENTS.—

9           “(A) INITIAL COMPREHENSIVE REPORT.—

10           “(i) DEFINITIONS.—In this subpara-  
11           graph:

12           “(I) FACILITIES APPROPRIATION  
13           ADVISORY BOARD.—The term ‘Facili-  
14           ties Appropriation Advisory Board’  
15           means the advisory board, comprised of  
16           12 members representing Indian tribes  
17           and 2 members representing the Serv-  
18           ice, established at the discretion of the  
19           Assistant Secretary—

20           “(aa) to provide advice and  
21           recommendations for policies and  
22           procedures of the programs funded  
23           pursuant to facilities appropria-  
24           tions; and

1                   “(bb) to address other facili-  
2                   ties issues.

3                   “(II) *FACILITIES NEEDS ASSESS-*  
4                   *MENT WORKGROUP.*—The term ‘Facili-  
5                   ties Needs Assessment Workgroup’  
6                   means the workgroup established at the  
7                   discretion of the Assistant Secretary—

8                   “(aa) to review the health  
9                   care facilities construction pri-  
10                  ority system; and

11                  “(bb) to make recommenda-  
12                  tions to the Facilities Appropria-  
13                  tion Advisory Board for revising  
14                  the priority system.

15                  “(ii) *INITIAL REPORT.*—

16                  “(I) *IN GENERAL.*—Not later than  
17                  1 year after the date of enactment of  
18                  the Indian Health Care Improvement  
19                  Act Amendments of 2007, the Secretary  
20                  shall submit to the Committee on In-  
21                  dian Affairs of the Senate and the  
22                  Committee on Natural Resources of the  
23                  House of Representatives a report that  
24                  describes the comprehensive, national,  
25                  ranked list of all health care facilities

1        *needs for the Service, Indian Tribes,*  
2        *and Tribal Organizations (including*  
3        *inpatient health care facilities, out-*  
4        *patient health care facilities, special-*  
5        *ized health care facilities (such as for*  
6        *long-term care and alcohol and drug*  
7        *abuse treatment), wellness centers, staff*  
8        *quarters and hostels associated with*  
9        *health care facilities, and the renova-*  
10       *tion and expansion needs, if any, of*  
11       *such facilities) developed by the Serv-*  
12       *ice, Indian Tribes, and Tribal Organi-*  
13       *zations for the Facilities Needs Assess-*  
14       *ment Workgroup and the Facilities Ap-*  
15       *propriation Advisory Board.*

16                “(II) *INCLUSIONS.—The initial*  
17       *report shall include—*

18                        “(aa) *the methodology and*  
19       *criteria used by the Service in de-*  
20       *termining the needs and estab-*  
21       *lishing the ranking of the facili-*  
22       *ties needs; and*

23                        “(bb) *such other information*  
24       *as the Secretary determines to be*  
25       *appropriate.*



1                   “(iii) *UPDATES OF REPORT.*—Begin-  
2                   ning in calendar year 2011, the Secretary  
3                   shall—

4                   “(I) update the report under  
5                   clause (ii) not less frequently than once  
6                   every 5 years; and

7                   “(II) include the updated report  
8                   in the appropriate annual report  
9                   under subparagraph (B) for submis-  
10                  sion to Congress under section 801.

11               “(B) *ANNUAL REPORTS.*—The Secretary  
12               shall submit to the President, for inclusion in the  
13               report required to be transmitted to Congress  
14               under section 801, a report which sets forth the  
15               following:

16               “(i) A description of the health care fa-  
17               cility priority system of the Service estab-  
18               lished under paragraph (1).

19               “(ii) Health care facilities lists, which  
20               may include—

21               “(I) the 10 top-priority inpatient  
22               health care facilities;

23               “(II) the 10 top-priority out-  
24               patient health care facilities;

1                   “(III) the 10 top-priority special-  
2                   ized health care facilities (such as long-  
3                   term care and alcohol and drug abuse  
4                   treatment);

5                   “(IV) the 10 top-priority staff  
6                   quarters developments associated with  
7                   health care facilities; and

8                   “(V) the 10 top-priority hostels  
9                   associated with health care facilities.

10                  “(iii) The justification for such order  
11                  of priority.

12                  “(iv) The projected cost of such  
13                  projects.

14                  “(v) The methodology adopted by the  
15                  Service in establishing priorities under its  
16                  health care facility priority system.

17                  “(3) REQUIREMENTS FOR PREPARATION OF RE-  
18                  PORTS.—In preparing the report required under  
19                  paragraph (2), the Secretary shall—

20                  “(A) consult with and obtain information  
21                  on all health care facilities needs from Indian  
22                  Tribes, Tribal Organizations, and Urban Indian  
23                  Organizations; and

24                  “(B) review the total unmet needs of all In-  
25                  dian Tribes, Tribal Organizations, and Urban

1           *Indian Organizations for health care facilities*  
 2           *(including hostels and staff quarters), including*  
 3           *needs for renovation and expansion of existing*  
 4           *facilities.*

5           “(d) *REVIEW OF METHODOLOGY USED FOR HEALTH*  
 6           *FACILITIES CONSTRUCTION PRIORITY SYSTEM.—*

7           “(1) *IN GENERAL.—Not later than 1 year after*  
 8           *the establishment of the priority system under sub-*  
 9           *section (c)(1)(A), the Comptroller General of the*  
 10           *United States shall prepare and finalize a report re-*  
 11           *viewing the methodologies applied, and the processes*  
 12           *followed, by the Service in making each assessment of*  
 13           *needs for the list under subsection (c)(2)(A)(ii) and*  
 14           *developing the priority system under subsection*  
 15           *(c)(1), including a review of—*

16                   “(A) *the recommendations of the Facilities*  
 17                   *Appropriation Advisory Board and the Facili-*  
 18                   *ties Needs Assessment Workgroup (as those terms*  
 19                   *are defined in subsection (c)(2)(A)(i)); and*

20                   “(B) *the relevant criteria used in ranking*  
 21                   *or prioritizing facilities other than hospitals or*  
 22                   *clinics.*

23           “(2) *SUBMISSION TO CONGRESS.—The Comp-*  
 24           *troller General of the United States shall submit the*  
 25           *report under paragraph (1) to—*

1                   “(A) the Committees on Indian Affairs and  
2                   Appropriations of the Senate;

3                   “(B) the Committees on Natural Resources  
4                   and Appropriations of the House of Representa-  
5                   tives; and

6                   “(C) the Secretary.

7           “(e) *FUNDING CONDITION.*—All funds appropriated  
8 under the Act of November 2, 1921 (25 U.S.C. 13) (com-  
9 monly known as the ‘Snyder Act’), for the planning, design,  
10 construction, or renovation of health facilities for the benefit  
11 of 1 or more Indian Tribes shall be subject to the provisions  
12 of the Indian Self-Determination and Education Assistance  
13 Act (25 U.S.C. 450 et seq.).

14           “(f) *DEVELOPMENT OF INNOVATIVE APPROACHES.*—  
15 The Secretary shall consult and cooperate with Indian  
16 Tribes, Tribal Organizations, and Urban Indian Organiza-  
17 tions in developing innovative approaches to address all or  
18 part of the total unmet need for construction of health facili-  
19 ties, including those provided for in other sections of this  
20 title and other approaches.

21   **“SEC. 302. SANITATION FACILITIES.**

22           “(a) *FINDINGS.*—Congress finds the following:

23                   “(1) The provision of sanitation facilities is pri-  
24 marily a health consideration and function.

1           “(2) Indian people suffer an inordinately high  
2       incidence of disease, injury, and illness directly at-  
3       tributable to the absence or inadequacy of sanitation  
4       facilities.

5           “(3) The long-term cost to the United States of  
6       treating and curing such disease, injury, and illness  
7       is substantially greater than the short-term cost of  
8       providing sanitation facilities and other preventive  
9       health measures.

10          “(4) Many Indian homes and Indian commu-  
11       nities still lack sanitation facilities.

12          “(5) It is in the interest of the United States,  
13       and it is the policy of the United States, that all In-  
14       dian communities and Indian homes, new and exist-  
15       ing, be provided with sanitation facilities.

16          “(b) *FACILITIES AND SERVICES*.—In furtherance of the  
17       findings made in subsection (a), Congress reaffirms the pri-  
18       mary responsibility and authority of the Service to provide  
19       the necessary sanitation facilities and services as provided  
20       in section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a).  
21       Under such authority, the Secretary, acting through the  
22       Service, is authorized to provide the following:

23               “(1) Financial and technical assistance to In-  
24       dian Tribes, Tribal Organizations, and Indian com-  
25       munities in the establishment, training, and equip-



ping of utility organizations to operate and maintain sanitation facilities, including the provision of existing plans, standard details, and specifications available in the Department, to be used at the option of the Indian Tribe, Tribal Organization, or Indian community.

“(2) Ongoing technical assistance and training to Indian Tribes, Tribal Organizations, and Indian communities in the management of utility organizations which operate and maintain sanitation facilities.

“(3) Priority funding for operation and maintenance assistance for, and emergency repairs to, sanitation facilities operated by an Indian Tribe, Tribal Organization or Indian community when necessary to avoid an imminent health threat or to protect the investment in sanitation facilities and the investment in the health benefits gained through the provision of sanitation facilities.

“(c) *FUNDING*.—Notwithstanding any other provision of law—

“(1) the Secretary of Housing and Urban Development is authorized to transfer funds appropriated under the Native American Housing Assistance and

1     *Self-Determination Act of 1996 (25 U.S.C. 4101 et*  
2     *seq.) to the Secretary of Health and Human Services;*

3             *“(2) the Secretary of Health and Human Serv-*  
4     *ices is authorized to accept and use such funds for the*  
5     *purpose of providing sanitation facilities and services*  
6     *for Indians under section 7 of the Act of August 5,*  
7     *1954 (42 U.S.C. 2004a);*

8             *“(3) unless specifically authorized when funds*  
9     *are appropriated, the Secretary shall not use funds*  
10    *appropriated under section 7 of the Act of August 5,*  
11    *1954 (42 U.S.C. 2004a), to provide sanitation facili-*  
12    *ties to new homes constructed using funds provided by*  
13    *the Department of Housing and Urban Development;*

14            *“(4) the Secretary of Health and Human Serv-*  
15    *ices is authorized to accept from any source, includ-*  
16    *ing Federal and State agencies, funds for the purpose*  
17    *of providing sanitation facilities and services and*  
18    *place these funds into contracts or compacts under the*  
19    *Indian Self-Determination and Education Assistance*  
20    *Act (25 U.S.C. 450 et seq.);*

21            *“(5) except as otherwise prohibited by this sec-*  
22    *tion, the Secretary may use funds appropriated under*  
23    *the authority of section 7 of the Act of August 5, 1954*  
24    *(42 U.S.C. 2004a), to fund up to 100 percent of the*  
25    *amount of an Indian Tribe’s loan obtained under any*

1     *Federal program for new projects to construct eligible*  
2     *sanitation facilities to serve Indian homes;*

3             *“(6) except as otherwise prohibited by this sec-*  
4     *tion, the Secretary may use funds appropriated under*  
5     *the authority of section 7 of the Act of August 5, 1954*  
6     *(42 U.S.C. 2004a) to meet matching or cost partici-*  
7     *pation requirements under other Federal and non-*  
8     *Federal programs for new projects to construct eligible*  
9     *sanitation facilities;*

10            *“(7) all Federal agencies are authorized to trans-*  
11     *fer to the Secretary funds identified, granted, loaned,*  
12     *or appropriated whereby the Department’s applicable*  
13     *policies, rules, and regulations shall apply in the im-*  
14     *plementation of such projects;*

15            *“(8) the Secretary of Health and Human Serv-*  
16     *ices shall enter into interagency agreements with Fed-*  
17     *eral and State agencies for the purpose of providing*  
18     *financial assistance for sanitation facilities and serv-*  
19     *ices under this Act;*

20            *“(9) the Secretary of Health and Human Serr-*  
21     *ices shall, by regulation, establish standards applica-*  
22     *ble to the planning, design, and construction of sani-*  
23     *tation facilities funded under this Act; and*

24            *“(10) the Secretary of Health and Human Serr-*  
25     *ices is authorized to accept payments for goods and*

1        *services furnished by the Service from appropriate*  
2        *public authorities, nonprofit organizations or agen-*  
3        *cies, or Indian Tribes, as contributions by that au-*  
4        *thority, organization, agency, or tribe to agreements*  
5        *made under section 7 of the Act of August 5, 1954 (42*  
6        *U.S.C. 2004a), and such payments shall be credited*  
7        *to the same or subsequent appropriation account as*  
8        *funds appropriated under the authority of section 7*  
9        *of the Act of August 5, 1954 (42 U.S.C. 2004a).*

10        *“(d) CERTAIN CAPABILITIES NOT PREREQUISITE.—*  
11        *The financial and technical capability of an Indian Tribe,*  
12        *Tribal Organization, or Indian community to safely oper-*  
13        *ate, manage, and maintain a sanitation facility shall not*  
14        *be a prerequisite to the provision or construction of sanita-*  
15        *tion facilities by the Secretary.*

16        *“(e) FINANCIAL ASSISTANCE.—The Secretary is au-*  
17        *thorized to provide financial assistance to Indian Tribes,*  
18        *Tribal Organizations, and Indian communities for oper-*  
19        *ation, management, and maintenance of their sanitation*  
20        *facilities.*

21        *“(f) OPERATION, MANAGEMENT, AND MAINTENANCE OF*  
22        *FACILITIES.—The Indian Tribe has the primary responsi-*  
23        *bility to establish, collect, and use reasonable user fees, or*  
24        *otherwise set aside funding, for the purpose of operating,*  
25        *managing, and maintaining sanitation facilities. If a sani-*

1 *tation facility serving a community that is operated by an*  
2 *Indian Tribe or Tribal Organization is threatened with im-*  
3 *minent failure and such operator lacks capacity to main-*  
4 *tain the integrity or the health benefits of the sanitation*  
5 *facility, then the Secretary is authorized to assist the In-*  
6 *dian Tribe, Tribal Organization, or Indian community in*  
7 *the resolution of the problem on a short-term basis through*  
8 *cooperation with the emergency coordinator or by providing*  
9 *operation, management, and maintenance service.*

10 *“(g) ISDEAA PROGRAM FUNDED ON EQUAL BASIS.—*  
11 *Tribal Health Programs shall be eligible (on an equal basis*  
12 *with programs that are administered directly by the Serv-*  
13 *ice) for—*

14 *“(1) any funds appropriated pursuant to this*  
15 *section; and*

16 *“(2) any funds appropriated for the purpose of*  
17 *providing sanitation facilities.*

18 *“(h) REPORT.—*

19 *“(1) REQUIRED; CONTENTS.—The Secretary, in*  
20 *consultation with the Secretary of Housing and*  
21 *Urban Development, Indian Tribes, Tribal Organiza-*  
22 *tions, and tribally designated housing entities (as de-*  
23 *finied in section 4 of the Native American Housing*  
24 *Assistance and Self-Determination Act of 1996 (25*  
25 *U.S.C. 4103)) shall submit to the President, for inclu-*



1        *sion in the report required to be transmitted to Con-*  
2        *gress under section 801, a report which sets forth—*

3                *“(A) the current Indian sanitation facility*  
4                *priority system of the Service;*

5                *“(B) the methodology for determining sani-*  
6                *tation deficiencies and needs;*

7                *“(C) the criteria on which the deficiencies*  
8                *and needs will be evaluated;*

9                *“(D) the level of initial and final sanitation*  
10                *deficiency for each type of sanitation facility for*  
11                *each project of each Indian Tribe or Indian com-*  
12                *munity;*

13                *“(E) the amount and most effective use of*  
14                *funds, derived from whatever source, necessary to*  
15                *accommodate the sanitation facilities needs of*  
16                *new homes assisted with funds under the Native*  
17                *American Housing Assistance and Self-Deter-*  
18                *mination Act (25 U.S.C. 4101 et seq.), and to re-*  
19                *duce the identified sanitation deficiency levels of*  
20                *all Indian Tribes and Indian communities to*  
21                *level I sanitation deficiency as defined in para-*  
22                *graph (3)(A); and*

23                *“(F) a 10-year plan to provide sanitation*  
24                *facilities to serve existing Indian homes and In-*

dian communities and new and renovated Indian homes.

“(2) *UNIFORM METHODOLOGY.*—The methodology used by the Secretary in determining, preparing cost estimates for, and reporting sanitation deficiencies for purposes of paragraph (1) shall be applied uniformly to all Indian Tribes and Indian communities.

“(3) *SANITATION DEFICIENCY LEVELS.*—For purposes of this subsection, the sanitation deficiency levels for an individual, Indian Tribe, or Indian community sanitation facility to serve Indian homes are determined as follows:

“(A) *A level I deficiency exists if a sanitation facility serving an individual, Indian Tribe, or Indian community—*

“(i) *complies with all applicable water supply, pollution control, and solid waste disposal laws; and*

“(ii) *deficiencies relate to routine replacement, repair, or maintenance needs.*

“(B) *A level II deficiency exists if a sanitation facility serving an individual, Indian Tribe, or Indian community substantially or recently complied with all applicable water sup-*

1            *ply, pollution control, and solid waste laws and*  
2            *any deficiencies relate to—*

3                    *“(i) small or minor capital improve-*  
4                    *ments needed to bring the facility back into*  
5                    *compliance;*

6                    *“(ii) capital improvements that are*  
7                    *necessary to enlarge or improve the facili-*  
8                    *ties in order to meet the current needs for*  
9                    *domestic sanitation facilities; or*

10                   *“(iii) the lack of equipment or training*  
11                   *by an Indian Tribe, Tribal Organization,*  
12                   *or an Indian community to properly oper-*  
13                   *ate and maintain the sanitation facilities.*

14                   *“(C) A level III deficiency exists if a sani-*  
15                   *tation facility serving an individual, Indian*  
16                   *Tribe or Indian community meets 1 or more of*  
17                   *the following conditions—*

18                   *“(i) water or sewer service in the home*  
19                   *is provided by a haul system with holding*  
20                   *tanks and interior plumbing;*

21                   *“(ii) major significant interruptions to*  
22                   *water supply or sewage disposal occur fre-*  
23                   *quently, requiring major capital improve-*  
24                   *ments to correct the deficiencies; or*

“(iii) there is no access to or no approved or permitted solid waste facility available.

“(D) A level IV deficiency exists—

“(i) if a sanitation facility for an individual home, an Indian Tribe, or an Indian community exists but—

“(I) lacks—

“(aa) a safe water supply system; or

“(bb) a waste disposal system;

“(II) contains no piped water or sewer facilities; or

“(III) has become inoperable due to a major component failure; or

“(ii) if only a washeteria or central facility exists in the community.

“(E) A level V deficiency exists in the absence of a sanitation facility, where individual homes do not have access to safe drinking water or adequate wastewater (including sewage) disposal.

“(i) DEFINITIONS.—For purposes of this section, the following terms apply:

1           “(1) *INDIAN COMMUNITY*.—The term ‘Indian  
2       community’ means a geographic area, a significant  
3       proportion of whose inhabitants are Indians and  
4       which is served by or capable of being served by a fa-  
5       cility described in this section.

6           “(2) *SANITATION FACILITIES*.—The terms ‘sani-  
7       tation facility’ and ‘sanitation facilities’ mean safe  
8       and adequate water supply systems, sanitary sewage  
9       disposal systems, and sanitary solid waste systems  
10      (and all related equipment and support infrastruc-  
11      ture).

12   **“SEC. 303. PREFERENCE TO INDIANS AND INDIAN FIRMS.**

13       “(a) *BUY INDIAN ACT*.—The Secretary, acting through  
14      the Service, may use the negotiating authority of section  
15      23 of the Act of June 25, 1910 (25 U.S.C. 47, commonly  
16      known as the ‘Buy Indian Act’), to give preference to any  
17      Indian or any enterprise, partnership, corporation, or other  
18      type of business organization owned and controlled by an  
19      Indian or Indians including former or currently federally  
20      recognized Indian Tribes in the State of New York (herein-  
21      after referred to as an ‘Indian firm’) in the construction  
22      and renovation of Service facilities pursuant to section 301  
23      and in the construction of sanitation facilities pursuant to  
24      section 302. Such preference may be accorded by the Sec-  
25      retary unless the Secretary finds, pursuant to regulations,



1 *that the project or function to be contracted for will not*  
2 *be satisfactory or such project or function cannot be prop-*  
3 *erly completed or maintained under the proposed contract.*  
4 *The Secretary, in arriving at such a finding, shall consider*  
5 *whether the Indian or Indian firm will be deficient with*  
6 *respect to—*

7           “(1) ownership and control by Indians;

8           “(2) equipment;

9           “(3) bookkeeping and accounting procedures;

10           “(4) substantive knowledge of the project or func-  
11 *tion to be contracted for;*

12           “(5) adequately trained personnel; or

13           “(6) other necessary components of contract per-  
14 *formance.*

15       “(b) *LABOR STANDARDS.*—*For the purposes of imple-*  
16 *menting the provisions of this title, contracts for the con-*  
17 *struction or renovation of health care facilities, staff quar-*  
18 *ters, and sanitation facilities, and related support infra-*  
19 *structure, funded in whole or in part with funds made*  
20 *available pursuant to this title, shall contain a provision*  
21 *requiring compliance with subchapter IV of chapter 31 of*  
22 *title 40, United States Code (commonly known as the*  
23 *‘Davis-Bacon Act’).*

1 **"SEC. 304. EXPENDITURE OF NON-SERVICE FUNDS FOR**  
2 **RENOVATION.**

3       “(a) *IN GENERAL.*—Notwithstanding any other provi-  
4 sion of law, if the requirements of subsection (c) are met,  
5 the Secretary, acting through the Service, is authorized to  
6 accept any major expansion, renovation, or modernization  
7 by any Indian Tribe or Tribal Organization of any Service  
8 facility or of any other Indian health facility operated pur-  
9 suant to a contract or compact under the Indian Self-Deter-  
10 mination and Education Assistance Act (25 U.S.C. 450 et  
11 seq.), including—

12               “(1) any plans or designs for such expansion,  
13 renovation, or modernization; and

14               “(2) any expansion, renovation, or moderniza-  
15 tion for which funds appropriated under any Federal  
16 law were lawfully expended.

17       “(b) *PRIORITY LIST.*—

18               “(1) *IN GENERAL.*—The Secretary shall main-  
19 tain a separate priority list to address the needs for  
20 increased operating expenses, personnel, or equipment  
21 for such facilities. The methodology for establishing  
22 priorities shall be developed through regulations. The  
23 list of priority facilities will be revised annually in  
24 consultation with Indian Tribes and Tribal Organi-  
25 zations.

1           “(2) *REPORT.*—The Secretary shall submit to the  
2       *President, for inclusion in the report required to be*  
3       *transmitted to Congress under section 801, the pri-*  
4       *ority list maintained pursuant to paragraph (1).*

5           “(c) *REQUIREMENTS.*—The requirements of this sub-  
6       *section are met with respect to any expansion, renovation,*  
7       *or modernization if—*

8           “(1) *the Indian Tribe or Tribal Organization—*

9           “(A) *provides notice to the Secretary of its*  
10          *intent to expand, renovate, or modernize; and*

11          “(B) *applies to the Secretary to be placed*  
12          *on a separate priority list to address the needs*  
13          *of such new facilities for increased operating ex-*  
14          *penses, personnel, or equipment; and*

15          “(2) *the expansion, renovation, or moderniza-*  
16          *tion—*

17          “(A) *is approved by the appropriate area*  
18          *director of the Service for Federal facilities; and*

19          “(B) *is administered by the Indian Tribe or*  
20          *Tribal Organization in accordance with any ap-*  
21          *plicable regulations prescribed by the Secretary*  
22          *with respect to construction or renovation of*  
23          *Service facilities.*

24          “(d) *ADDITIONAL REQUIREMENT FOR EXPANSION.*—  
25       *In addition to the requirements under subsection (c), for*

1 any expansion, the Indian Tribe or Tribal Organization  
2 shall provide to the Secretary additional information pur-  
3 suant to regulations, including additional staffing, equip-  
4 ment, and other costs associated with the expansion.

5       “(e) CLOSURE OR CONVERSION OF FACILITIES.—If  
6 any Service facility which has been expanded, renovated,  
7 or modernized by an Indian Tribe or Tribal Organization  
8 under this section ceases to be used as a Service facility  
9 during the 20-year period beginning on the date such ex-  
10 pansion, renovation, or modernization is completed, such  
11 Indian Tribe or Tribal Organization shall be entitled to  
12 recover from the United States an amount which bears the  
13 same ratio to the value of such facility at the time of such  
14 cessation as the value of such expansion, renovation, or  
15 modernization (less the total amount of any funds provided  
16 specifically for such facility under any Federal program  
17 that were expended for such expansion, renovation, or mod-  
18 ernization) bore to the value of such facility at the time  
19 of the completion of such expansion, renovation, or mod-  
20 ernization.

21 **“SEC. 305. FUNDING FOR THE CONSTRUCTION, EXPANSION,**  
22 **AND MODERNIZATION OF SMALL AMBULA-**  
23 **TORY CARE FACILITIES.**

24       “(a) GRANTS.—

“(1) *IN GENERAL.*—The Secretary, acting through the Service, shall make grants to Indian Tribes and Tribal Organizations for the construction, expansion, or modernization of facilities for the provision of ambulatory care services to eligible Indians (and noneligible persons pursuant to subsections (b)(2) and (c)(1)(C)). A grant made under this section may cover up to 100 percent of the costs of such construction, expansion, or modernization. For the purposes of this section, the term ‘construction’ includes the replacement of an existing facility.

“(2) *GRANT AGREEMENT REQUIRED.*—A grant under paragraph (1) may only be made available to a Tribal Health Program operating an Indian health facility (other than a facility owned or constructed by the Service, including a facility originally owned or constructed by the Service and transferred to an Indian Tribe or Tribal Organization).

“(b) *USE OF GRANT FUNDS.*—

“(1) *ALLOWABLE USES.*—A grant awarded under this section may be used for the construction, expansion, or modernization (including the planning and design of such construction, expansion, or modernization) of an ambulatory care facility—

“(A) located apart from a hospital;



1           “(B) not funded under section 301 or sec-  
2           tion 306; and

3           “(C) which, upon completion of such con-  
4           struction or modernization will—

5                   “(i) have a total capacity appropriate  
6                   to its projected service population;

7                   “(ii) provide annually no fewer than  
8                   150 patient visits by eligible Indians and  
9                   other users who are eligible for services in  
10                  such facility in accordance with section  
11                  807(c)(2); and

12                  “(iii) provide ambulatory care in a  
13                  Service Area (specified in the contract or  
14                  compact under the Indian Self-Determina-  
15                  tion and Education Assistance Act (25  
16                  U.S.C. 450 et seq.)) with a population of no  
17                  fewer than 1,500 eligible Indians and other  
18                  users who are eligible for services in such  
19                  facility in accordance with section  
20                  807(c)(2).

21           “(2) *ADDITIONAL ALLOWABLE USE.*—The Sec-  
22           retary may also reserve a portion of the funding pro-  
23           vided under this section and use those reserved funds  
24           to reduce an outstanding debt incurred by Indian  
25           Tribes or Tribal Organizations for the construction,

1 expansion, or modernization of an ambulatory care  
2 facility that meets the requirements under paragraph  
3 (1). The provisions of this section shall apply, except  
4 that such applications for funding under this para-  
5 graph shall be considered separately from applica-  
6 tions for funding under paragraph (1).

7 “(3) USE ONLY FOR CERTAIN PORTION OF  
8 COSTS.—A grant provided under this section may be  
9 used only for the cost of that portion of a construc-  
10 tion, expansion, or modernization project that benefits  
11 the Service population identified above in subsection  
12 (b)(1)(C) (ii) and (iii). The requirements of clauses  
13 (ii) and (iii) of paragraph (1)(C) shall not apply to  
14 an Indian Tribe or Tribal Organization applying for  
15 a grant under this section for a health care facility  
16 located or to be constructed on an island or when such  
17 facility is not located on a road system providing di-  
18 rect access to an inpatient hospital where care is  
19 available to the Service population.

20 “(c) GRANTS.—

21 “(1) APPLICATION.—No grant may be made  
22 under this section unless an application or proposal  
23 for the grant has been approved by the Secretary in  
24 accordance with applicable regulations and has set  
25 forth reasonable assurance by the applicant that, at

1       all times after the construction, expansion, or mod-  
2       ernization of a facility carried out using a grant re-  
3       ceived under this section—

4               “(A) adequate financial support will be  
5       available for the provision of services at such fa-  
6       cility;

7               “(B) such facility will be available to eligi-  
8       ble Indians without regard to ability to pay or  
9       source of payment; and

10              “(C) such facility will, as feasible without  
11       diminishing the quality or quantity of services  
12       provided to eligible Indians, serve noneligible  
13       persons on a cost basis.

14              “(2) *PRIORITY.*—In awarding grants under this  
15       section, the Secretary shall give priority to Indian  
16       Tribes and Tribal Organizations that demonstrate—

17              “(A) a need for increased ambulatory care  
18       services; and

19              “(B) insufficient capacity to deliver such  
20       services.

21              “(3) *PEER REVIEW PANELS.*—The Secretary may  
22       provide for the establishment of peer review panels, as  
23       necessary, to review and evaluate applications and  
24       proposals and to advise the Secretary regarding such

1        applications using the criteria developed pursuant to  
2        subsection (a)(1).

3        “(d) *REVERSION OF FACILITIES.*—If any facility (or  
4        portion thereof) with respect to which funds have been paid  
5        under this section, ceases, at any time after completion of  
6        the construction, expansion, or modernization carried out  
7        with such funds, to be used for the purposes of providing  
8        health care services to eligible Indians, all of the right, title,  
9        and interest in and to such facility (or portion thereof) shall  
10       transfer to the United States unless otherwise negotiated by  
11       the Service and the Indian Tribe or Tribal Organization.

12       “(e) *FUNDING NONRECURRING.*—Funding provided  
13       under this section shall be nonrecurring and shall not be  
14       available for inclusion in any individual Indian Tribe’s  
15       tribal share for an award under the Indian Self-Determina-  
16       tion and Education Assistance Act (25 U.S.C. 450 et seq.)  
17       or for reallocation or redesign thereunder.

18       **“SEC. 306. INDIAN HEALTH CARE DELIVERY DEMONSTRA-**  
19       **TION PROJECT.**

20       “(a) *HEALTH CARE DEMONSTRATION PROJECTS.*—  
21       The Secretary, acting through the Service, is authorized to  
22       enter into contracts under the Indian Self-Determination  
23       and Education Assistance Act (25 U.S.C. 450 et seq.) with  
24       Indian Tribes or Tribal Organizations for the purpose of  
25       carrying out a health care delivery demonstration project

1 *to test alternative means of delivering health care and serv-*  
2 *ices to Indians through facilities.*

3       “(b) *USE OF FUNDS.*—The Secretary, in approving  
4 *projects pursuant to this section, may authorize such con-*  
5 *tracts for the construction and renovation of hospitals,*  
6 *health centers, health stations, and other facilities to deliver*  
7 *health care services and is authorized to—*

8               “(1) *waive any leasing prohibition;*

9               “(2) *permit carryover of funds appropriated for*  
10 *the provision of health care services;*

11               “(3) *permit the use of other available funds;*

12               “(4) *permit the use of funds or property donated*  
13 *from any source for project purposes;*

14               “(5) *provide for the reversion of donated real or*  
15 *personal property to the donor; and*

16               “(6) *permit the use of Service funds to match*  
17 *other funds, including Federal funds.*

18       “(c) *REGULATIONS.*—The Secretary shall develop and  
19 *promulgate regulations, not later than 1 year after the date*  
20 *of enactment of the Indian Health Care Improvement Act*  
21 *Amendments of 2007, for the review and approval of appli-*  
22 *cations submitted under this section.*

23       “(d) *CRITERIA.*—The Secretary may approve projects  
24 *that meet the following criteria:*



1           “(1) *There is a need for a new facility or pro-*  
2           *gram or the reorientation of an existing facility or*  
3           *program.*

4           “(2) *A significant number of Indians, including*  
5           *those with low health status, will be served by the*  
6           *project.*

7           “(3) *The project has the potential to deliver serv-*  
8           *ices in an efficient and effective manner.*

9           “(4) *The project is economically viable.*

10          “(5) *The Indian Tribe or Tribal Organization*  
11          *has the administrative and financial capability to*  
12          *administer the project.*

13          “(6) *The project is integrated with providers of*  
14          *related health and social services and is coordinated*  
15          *with, and avoids duplication of, existing services.*

16          “(e) *PEER REVIEW PANELS.—The Secretary may pro-*  
17          *vide for the establishment of peer review panels, as nec-*  
18          *essary, to review and evaluate applications using the cri-*  
19          *teria developed pursuant to subsection (d).*

20          “(f) *PRIORITY.—The Secretary shall give priority to*  
21          *applications for demonstration projects in each of the fol-*  
22          *lowing Service Units to the extent that such applications*  
23          *are timely filed and meet the criteria specified in subsection*  
24          *(d):*

25               “(1) *Cass Lake, Minnesota.*

1           “(2) *Mescalero, New Mexico.*

2           “(3) *Owyhee, Nevada.*

3           “(4) *Schurz, Nevada.*

4           “(5) *Ft. Yuma, California.*

5           “(g) *TECHNICAL ASSISTANCE.—The Secretary shall*  
6 *provide such technical and other assistance as may be nec-*  
7 *essary to enable applicants to comply with the provisions*  
8 *of this section.*

9           “(h) *SERVICE TO INELIGIBLE PERSONS.—Subject to*  
10 *section 807, the authority to provide services to persons oth-*  
11 *erwise ineligible for the health care benefits of the Service*  
12 *and the authority to extend hospital privileges in Service*  
13 *facilities to non-Service health practitioners as provided in*  
14 *section 807 may be included, subject to the terms of such*  
15 *section, in any demonstration project approved pursuant*  
16 *to this section.*

17           “(i) *EQUITABLE TREATMENT.—For purposes of sub-*  
18 *section (d)(1), the Secretary shall, in evaluating facilities*  
19 *operated under any contract or compact under the Indian*  
20 *Self-Determination and Education Assistance Act (25*  
21 *U.S.C. 450 et seq.), use the same criteria that the Secretary*  
22 *uses in evaluating facilities operated directly by the Service.*

23           “(j) *EQUITABLE INTEGRATION OF FACILITIES.—The*  
24 *Secretary shall ensure that the planning, design, construc-*  
25 *tion, renovation, and expansion needs of Service and non-*

1 *Service facilities which are the subject of a contract or com-*  
2 *pact under the Indian Self-Determination and Education*  
3 *Assistance Act (25 U.S.C. 450 et seq.) for health services*  
4 *are fully and equitably integrated into the implementation*  
5 *of the health care delivery demonstration projects under this*  
6 *section.*

7 **“SEC. 307. LAND TRANSFER.**

8       *“Notwithstanding any other provision of law, the Bu-*  
9 *reau of Indian Affairs and all other agencies and depart-*  
10 *ments of the United States are authorized to transfer, at*  
11 *no cost, land and improvements to the Service for the provi-*  
12 *sion of health care services. The Secretary is authorized to*  
13 *accept such land and improvements for such purposes.*

14 **“SEC. 308. LEASES, CONTRACTS, AND OTHER AGREEMENTS.**

15       *“The Secretary, acting through the Service, may enter*  
16 *into leases, contracts, and other agreements with Indian*  
17 *Tribes and Tribal Organizations which hold (1) title to, (2)*  
18 *a leasehold interest in, or (3) a beneficial interest in (when*  
19 *title is held by the United States in trust for the benefit*  
20 *of an Indian Tribe) facilities used or to be used for the ad-*  
21 *ministration and delivery of health services by an Indian*  
22 *Health Program. Such leases, contracts, or agreements may*  
23 *include provisions for construction or renovation and pro-*  
24 *vide for compensation to the Indian Tribe or Tribal Orga-*  
25 *nization of rental and other costs consistent with section*

1 105(l) of the Indian Self-Determination and Education As-  
2 sistance Act (25 U.S.C. 450j(l)) and regulations thereunder.

3 **“SEC. 309. STUDY ON LOANS, LOAN GUARANTEES, AND**  
4 **LOAN REPAYMENT.**

5 “(a) *IN GENERAL.*—The Secretary, in consultation  
6 with the Secretary of the Treasury, Indian Tribes, and  
7 Tribal Organizations, shall carry out a study to determine  
8 the feasibility of establishing a loan fund to provide to In-  
9 dian Tribes and Tribal Organizations direct loans or guar-  
10 antees for loans for the construction of health care facilities,  
11 including—

12 “(1) inpatient facilities;

13 “(2) outpatient facilities;

14 “(3) staff quarters;

15 “(4) hostels; and

16 “(5) specialized care facilities, such as behavioral  
17 health and elder care facilities.

18 “(b) *DETERMINATIONS.*—In carrying out the study  
19 under subsection (a), the Secretary shall determine—

20 “(1) the maximum principal amount of a loan  
21 or loan guarantee that should be offered to a recipient  
22 from the loan fund;

23 “(2) the percentage of eligible costs, not to exceed  
24 100 percent, that may be covered by a loan or loan  
25 guarantee from the loan fund (including costs relating

1 to planning, design, financing, site land development,  
2 construction, rehabilitation, renovation, conversion,  
3 improvements, medical equipment and furnishings,  
4 and other facility-related costs and capital purchase  
5 (but excluding staffing));

6 “(3) the cumulative total of the principal of di-  
7 rect loans and loan guarantees, respectively, that may  
8 be outstanding at any 1 time;

9 “(4) the maximum term of a loan or loan guar-  
10 antee that may be made for a facility from the loan  
11 fund;

12 “(5) the maximum percentage of funds from the  
13 loan fund that should be allocated for payment of  
14 costs associated with planning and applying for a  
15 loan or loan guarantee;

16 “(6) whether acceptance by the Secretary of an  
17 assignment of the revenue of an Indian Tribe or Trib-  
18 al Organization as security for any direct loan or  
19 loan guarantee from the loan fund would be appro-  
20 priate;

21 “(7) whether, in the planning and design of  
22 health facilities under this section, users eligible  
23 under section 807(c) may be included in any projec-  
24 tion of patient population;



1           “(8) whether funds of the Service provided  
2           through loans or loan guarantees from the loan fund  
3           should be eligible for use in matching other Federal  
4           funds under other programs;

5           “(9) the appropriateness of, and best methods  
6           for, coordinating the loan fund with the health care  
7           priority system of the Service under section 301; and

8           “(10) any legislative or regulatory changes re-  
9           quired to implement recommendations of the Sec-  
10          retary based on results of the study.

11          “(c) *REPORT*.—Not later than September 30, 2009, the  
12          Secretary shall submit to the Committee on Indian Affairs  
13          of the Senate and the Committee on Natural Resources and  
14          the Committee on Energy and Commerce of the House of  
15          Representatives a report that describes—

16               “(1) the manner of consultation made as re-  
17               quired by subsection (a); and

18               “(2) the results of the study, including any rec-  
19               ommendations of the Secretary based on results of the  
20               study.

21          **“SEC. 310. TRIBAL LEASING.**

22               “A Tribal Health Program may lease permanent  
23          structures for the purpose of providing health care services  
24          without obtaining advance approval in appropriation Acts.

1 **“SEC. 311. INDIAN HEALTH SERVICE/TRIBAL FACILITIES**  
2 **JOINT VENTURE PROGRAM.**

3 “(a) *IN GENERAL.*—The Secretary, acting through the  
4 Service, shall make arrangements with Indian Tribes and  
5 Tribal Organizations to establish joint venture demonstra-  
6 tion projects under which an Indian Tribe or Tribal Orga-  
7 nization shall expend tribal, private, or other available  
8 funds, for the acquisition or construction of a health facility  
9 for a minimum of 10 years, under a no-cost lease, in ex-  
10 change for agreement by the Service to provide the equip-  
11 ment, supplies, and staffing for the operation and mainte-  
12 nance of such a health facility. An Indian Tribe or Tribal  
13 Organization may use tribal funds, private sector, or other  
14 available resources, including loan guarantees, to fulfill its  
15 commitment under a joint venture entered into under this  
16 subsection. An Indian Tribe or Tribal Organization shall  
17 be eligible to establish a joint venture project if, when it  
18 submits a letter of intent, it—

19 “(1) has begun but not completed the process of  
20 acquisition or construction of a health facility to be  
21 used in the joint venture project; or

22 “(2) has not begun the process of acquisition or  
23 construction of a health facility for use in the joint  
24 venture project.

1       “(b) *REQUIREMENTS.*—*The Secretary shall make such*  
2 *an arrangement with an Indian Tribe or Tribal Organiza-*  
3 *tion only if—*

4               “(1) *the Secretary first determines that the In-*  
5 *dian Tribe or Tribal Organization has the adminis-*  
6 *trative and financial capabilities necessary to com-*  
7 *plete the timely acquisition or construction of the rel-*  
8 *evant health facility; and*

9               “(2) *the Indian Tribe or Tribal Organization*  
10 *meets the need criteria determined using the criteria*  
11 *developed under the health care facility priority sys-*  
12 *tem under section 301, unless the Secretary deter-*  
13 *mines, pursuant to regulations, that other criteria*  
14 *will result in a more cost-effective and efficient meth-*  
15 *od of facilitating and completing construction of*  
16 *health care facilities.*

17       “(c) *CONTINUED OPERATION.*—*The Secretary shall ne-*  
18 *gotiate an agreement with the Indian Tribe or Tribal Orga-*  
19 *nization regarding the continued operation of the facility*  
20 *at the end of the initial 10 year no-cost lease period.*

21       “(d) *BREACH OF AGREEMENT.*—*An Indian Tribe or*  
22 *Tribal Organization that has entered into a written agree-*  
23 *ment with the Secretary under this section, and that*  
24 *breaches or terminates without cause such agreement, shall*  
25 *be liable to the United States for the amount that has been*

1 paid to the Indian Tribe or Tribal Organization, or paid  
2 to a third party on the Indian Tribe's or Tribal Organiza-  
3 tion's behalf, under the agreement. The Secretary has the  
4 right to recover tangible property (including supplies) and  
5 equipment, less depreciation, and any funds expended for  
6 operations and maintenance under this section. The pre-  
7 ceding sentence does not apply to any funds expended for  
8 the delivery of health care services, personnel, or staffing.

9       “(e) *RECOVERY FOR NONUSE.*—An Indian Tribe or  
10 Tribal Organization that has entered into a written agree-  
11 ment with the Secretary under this subsection shall be enti-  
12 tled to recover from the United States an amount that is  
13 proportional to the value of such facility if, at any time  
14 within the 10-year term of the agreement, the Service ceases  
15 to use the facility or otherwise breaches the agreement.

16       “(f) *DEFINITION.*—For the purposes of this section, the  
17 term ‘health facility’ or ‘health facilities’ includes quarters  
18 needed to provide housing for staff of the relevant Tribal  
19 Health Program.

20 **“SEC. 312. LOCATION OF FACILITIES.**

21       “(a) *IN GENERAL.*—In all matters involving the reor-  
22 ganization or development of Service facilities or in the es-  
23 tablishment of related employment projects to address un-  
24 employment conditions in economically depressed areas, the  
25 Bureau of Indian Affairs and the Service shall give priority



1 *to locating such facilities and projects on Indian lands, or*  
2 *lands in Alaska owned by any Alaska Native village, or*  
3 *village or regional corporation under the Alaska Native*  
4 *Claims Settlement Act (43 U.S.C. 1601 et seq.), or any land*  
5 *allotted to any Alaska Native, if requested by the Indian*  
6 *owner and the Indian Tribe with jurisdiction over such*  
7 *lands or other lands owned or leased by the Indian Tribe*  
8 *or Tribal Organization. Top priority shall be given to In-*  
9 *dian land owned by 1 or more Indian Tribes.*

10       “(b) *DEFINITION.*—For purposes of this section, the  
11 *term ‘Indian lands’ means—*

12               “(1) *all lands within the exterior boundaries of*  
13 *any reservation; and*

14               “(2) *any lands title to which is held in trust by*  
15 *the United States for the benefit of any Indian Tribe*  
16 *or individual Indian or held by any Indian Tribe or*  
17 *individual Indian subject to restriction by the United*  
18 *States against alienation.*

19       **“SEC. 313. MAINTENANCE AND IMPROVEMENT OF HEALTH**  
20               **CARE FACILITIES.**

21       “(a) *REPORT.*—The Secretary shall submit to the  
22 *President, for inclusion in the report required to be trans-*  
23 *mitted to Congress under section 801, a report which identi-*  
24 *fies the backlog of maintenance and repair work required*  
25 *at both Service and tribal health care facilities, including*



1 new health care facilities expected to be in operation in the  
 2 next fiscal year. The report shall also identify the need for  
 3 renovation and expansion of existing facilities to support  
 4 the growth of health care programs.

5       “(b) **MAINTENANCE OF NEWLY CONSTRUCTED**  
 6 **SPACE.**—The Secretary, acting through the Service, is au-  
 7 thorized to expend maintenance and improvement funds to  
 8 support maintenance of newly constructed space only if  
 9 such space falls within the approved supportable space allo-  
 10 cation for the Indian Tribe or Tribal Organization. Sup-  
 11 portable space allocation shall be defined through the health  
 12 care facility priority system under section 301(c).

13       “(c) **REPLACEMENT FACILITIES.**—In addition to using  
 14 maintenance and improvement funds for renovation, mod-  
 15 ernization, and expansion of facilities, an Indian Tribe or  
 16 Tribal Organization may use maintenance and improve-  
 17 ment funds for construction of a replacement facility if the  
 18 costs of renovation of such facility would exceed a maximum  
 19 renovation cost threshold. The maximum renovation cost  
 20 threshold shall be determined through the negotiated rule-  
 21 making process provided for under section 802.

22 **“SEC. 314. TRIBAL MANAGEMENT OF FEDERALLY-OWNED**  
 23 **QUARTERS.**

24       “(a) **RENTAL RATES.**—

1           “(1) *ESTABLISHMENT.*—Notwithstanding any  
2           other provision of law, a Tribal Health Program  
3           which operates a hospital or other health facility and  
4           the federally-owned quarters associated therewith pur-  
5           suant to a contract or compact under the Indian Self-  
6           Determination and Education Assistance Act (25  
7           U.S.C. 450 et seq.) shall have the authority to estab-  
8           lish the rental rates charged to the occupants of such  
9           quarters by providing notice to the Secretary of its  
10          election to exercise such authority.

11          “(2) *OBJECTIVES.*—In establishing rental rates  
12          pursuant to authority of this subsection, a Tribal  
13          Health Program shall endeavor to achieve the fol-  
14          lowing objectives:

15               “(A) To base such rental rates on the rea-  
16               sonable value of the quarters to the occupants  
17               thereof.

18               “(B) To generate sufficient funds to pru-  
19               dently provide for the operation and mainte-  
20               nance of the quarters, and subject to the discre-  
21               tion of the Tribal Health Program, to supply re-  
22               serve funds for capital repairs and replacement  
23               of the quarters.

24          “(3) *EQUITABLE FUNDING.*—Any quarters whose  
25          rental rates are established by a Tribal Health Pro-

gram pursuant to this subsection shall remain eligible for quarters improvement and repair funds to the same extent as all federally-owned quarters used to house personnel in Services-supported programs.

“(4) NOTICE OF RATE CHANGE.—A Tribal Health Program which exercises the authority provided under this subsection shall provide occupants with no less than 60 days notice of any change in rental rates.

“(b) DIRECT COLLECTION OF RENT.—

“(1) IN GENERAL.—Notwithstanding any other provision of law, and subject to paragraph (2), a Tribal Health Program shall have the authority to collect rents directly from Federal employees who occupy such quarters in accordance with the following:

“(A) The Tribal Health Program shall notify the Secretary and the subject Federal employees of its election to exercise its authority to collect rents directly from such Federal employees.

“(B) Upon receipt of a notice described in subparagraph (A), the Federal employees shall pay rents for occupancy of such quarters directly to the Tribal Health Program and the Secretary shall have no further authority to collect rents

1        *from such employees through payroll deduction*  
2        *or otherwise.*

3                *“(C) Such rent payments shall be retained*  
4        *by the Tribal Health Program and shall not be*  
5        *made payable to or otherwise be deposited with*  
6        *the United States.*

7                *“(D) Such rent payments shall be deposited*  
8        *into a separate account which shall be used by*  
9        *the Tribal Health Program for the maintenance*  
10       *(including capital repairs and replacement) and*  
11       *operation of the quarters and facilities as the*  
12       *Tribal Health Program shall determine.*

13               *“(2) RETROCESSION OF AUTHORITY.—If a Trib-*  
14       *al Health Program which has made an election under*  
15       *paragraph (1) requests retrocession of its authority to*  
16       *directly collect rents from Federal employees occu-*  
17       *pying federally-owned quarters, such retrocession*  
18       *shall become effective on the earlier of—*

19               *“(A) the first day of the month that begins*  
20       *no less than 180 days after the Tribal Health*  
21       *Program notifies the Secretary of its desire to*  
22       *retrocede; or*

23               *“(B) such other date as may be mutually*  
24       *agreed by the Secretary and the Tribal Health*  
25       *Program.*

1       “(c) *RATES IN ALASKA.*—To the extent that a Tribal  
2 *Health Program*, pursuant to authority granted in sub-  
3 *section (a)*, establishes rental rates for federally-owned quar-  
4 *ters provided to a Federal employee in Alaska*, such rents  
5 *may be based on the cost of comparable private rental hous-*  
6 *ing in the nearest established community with a year-round*  
7 *population of 1,500 or more individuals.*

8       “**SEC. 315. APPLICABILITY OF BUY AMERICAN ACT REQUIRE-**  
9                                   **MENT.**

10       “(a) *APPLICABILITY.*—The Secretary shall ensure that  
11 *the requirements of the Buy American Act apply to all pro-*  
12 *curements made with funds provided pursuant to section*  
13 *317. Indian Tribes and Tribal Organizations shall be ex-*  
14 *empt from these requirements.*

15       “(b) *EFFECT OF VIOLATION.*—If it has been finally de-  
16 *termined by a court or Federal agency that any person in-*  
17 *tentionally affixed a label bearing a ‘Made in America’ in-*  
18 *scription or any inscription with the same meaning, to any*  
19 *product sold in or shipped to the United States that is not*  
20 *made in the United States, such person shall be ineligible*  
21 *to receive any contract or subcontract made with funds pro-*  
22 *vided pursuant to section 317, pursuant to the debarment,*  
23 *suspension, and ineligibility procedures described in sec-*  
24 *tions 9.400 through 9.409 of title 48, Code of Federal Regu-*  
25 *lations.*



1       “(c) *DEFINITIONS.*—For purposes of this section, the  
2 term ‘Buy American Act’ means title III of the Act entitled  
3 ‘An Act making appropriations for the Treasury and Post  
4 Office Departments for the fiscal year ending June 30,  
5 1934, and for other purposes’, approved March 3, 1933 (41  
6 U.S.C. 10a et seq.).

7       **“SEC. 316. OTHER FUNDING FOR FACILITIES.**

8       “(a) *AUTHORITY TO ACCEPT FUNDS.*—The Secretary  
9 is authorized to accept from any source, including Federal  
10 and State agencies, funds that are available for the con-  
11 struction of health care facilities and use such funds to  
12 plan, design, and construct health care facilities for Indians  
13 and to place such funds into a contract or compact under  
14 the Indian Self-Determination and Education Assistance  
15 Act (25 U.S.C. 450 et seq.). Receipt of such funds shall have  
16 no effect on the priorities established pursuant to section  
17 301.

18       “(b) *INTERAGENCY AGREEMENTS.*—The Secretary is  
19 authorized to enter into interagency agreements with other  
20 Federal agencies or State agencies and other entities and  
21 to accept funds from such Federal or State agencies or other  
22 sources to provide for the planning, design, and construc-  
23 tion of health care facilities to be administered by Indian  
24 Health Programs in order to carry out the purposes of this

1 *Act and the purposes for which the funds were appropriated*  
 2 *or for which the funds were otherwise provided.*

3 “(c) *ESTABLISHMENT OF STANDARDS.—The Sec-*  
 4 *retary, through the Service, shall establish standards by reg-*  
 5 *ulation for the planning, design, and construction of health*  
 6 *care facilities serving Indians under this Act.*

7 **“SEC. 317. AUTHORIZATION OF APPROPRIATIONS.**

8 “*There are authorized to be appropriated such sums*  
 9 *as may be necessary for each fiscal year through fiscal year*  
 10 *2017 to carry out this title.*

11 **“TITLE IV—ACCESS TO HEALTH**  
 12 **SERVICES**

13 **“SEC. 401. TREATMENT OF PAYMENTS UNDER SOCIAL SECU-**  
 14 **RITY ACT HEALTH BENEFITS PROGRAMS.**

15 “(a) *DISREGARD OF MEDICARE, MEDICAID, AND*  
 16 *SCHIP PAYMENTS IN DETERMINING APPROPRIATIONS.—*  
 17 *Any payments received by an Indian Health Program or*  
 18 *by an Urban Indian Organization under title XVIII, XIX,*  
 19 *or XXI of the Social Security Act for services provided to*  
 20 *Indians eligible for benefits under such respective titles shall*  
 21 *not be considered in determining appropriations for the*  
 22 *provision of health care and services to Indians.*

23 “(b) *NONPREFERENTIAL TREATMENT.—Nothing in*  
 24 *this Act authorizes the Secretary to provide services to an*  
 25 *Indian with coverage under title XVIII, XIX, or XXI of*

1 *the Social Security Act in preference to an Indian without*  
2 *such coverage.*

3 “(c) *USE OF FUNDS.*—

4 “(1) *SPECIAL FUND.*—

5 “(A) *100 PERCENT PASS-THROUGH OF PAY-*  
6 *MENTS DUE TO FACILITIES.*—*Notwithstanding*  
7 *any other provision of law, but subject to para-*  
8 *graph (2), payments to which a facility of the*  
9 *Service is entitled by reason of a provision of the*  
10 *Social Security Act shall be placed in a special*  
11 *fund to be held by the Secretary. In making pay-*  
12 *ments from such fund, the Secretary shall ensure*  
13 *that each Service Unit of the Service receives 100*  
14 *percent of the amount to which the facilities of*  
15 *the Service, for which such Service Unit makes*  
16 *collections, are entitled by reason of a provision*  
17 *of the Social Security Act.*

18 “(B) *USE OF FUNDS.*—*Amounts received by*  
19 *a facility of the Service under subparagraph (A)*  
20 *shall first be used (to such extent or in such*  
21 *amounts as are provided in appropriation Acts)*  
22 *for the purpose of making any improvements in*  
23 *the programs of the Service operated by or*  
24 *through such facility which may be necessary to*  
25 *achieve or maintain compliance with the appli-*

1        cable conditions and requirements of titles XVIII  
2        and XIX of the Social Security Act. Any  
3        amounts so received that are in excess of the  
4        amount necessary to achieve or maintain such  
5        conditions and requirements shall, subject to con-  
6        sultation with the Indian Tribes being served by  
7        the Service Unit, be used for reducing the health  
8        resource deficiencies (as determined under sec-  
9        tion 201(d)) of such Indian Tribes.

10       “(2) *DIRECT PAYMENT OPTION.*—Paragraph (1)  
11       shall not apply to a Tribal Health Program upon the  
12       election of such Program under subsection (d) to re-  
13       ceive payments directly. No payment may be made  
14       out of the special fund described in such paragraph  
15       with respect to reimbursement made for services pro-  
16       vided by such Program during the period of such elec-  
17       tion.

18       “(d) *DIRECT BILLING.*—

19       “(1) *IN GENERAL.*—Subject to complying with  
20       the requirements of paragraph (2), a Tribal Health  
21       Program may elect to directly bill for, and receive  
22       payment for, health care items and services provided  
23       by such Program for which payment is made under  
24       title XVIII or XIX of the Social Security Act or from  
25       any other third party payor.

1           “(2) *DIRECT REIMBURSEMENT.*—

2                   “(A) *USE OF FUNDS.*—Each Tribal Health  
3           Program making the election described in para-  
4           graph (1) with respect to a program under a  
5           title of the Social Security Act shall be reim-  
6           bursed directly by that program for items and  
7           services furnished without regard to subsection  
8           (c)(1), but all amounts so reimbursed shall be  
9           used by the Tribal Health Program for the pur-  
10          pose of making any improvements in facilities of  
11          the Tribal Health Program that may be nec-  
12          essary to achieve or maintain compliance with  
13          the conditions and requirements applicable gen-  
14          erally to such items and services under the pro-  
15          gram under such title and to provide additional  
16          health care services, improvements in health care  
17          facilities and Tribal Health Programs, any  
18          health care related purpose, or otherwise to  
19          achieve the objectives provided in section 3 of  
20          this Act.

21                   “(B) *AUDITS.*—The amounts paid to a  
22          Tribal Health Program making the election de-  
23          scribed in paragraph (1) with respect to a pro-  
24          gram under a title of the Social Security Act  
25          shall be subject to all auditing requirements ap-



1        *plicable to the program under such title, as well*  
2        *as all auditing requirements applicable to pro-*  
3        *grams administered by an Indian Health Pro-*  
4        *gram. Nothing in the preceding sentence shall be*  
5        *construed as limiting the application of auditing*  
6        *requirements applicable to amounts paid under*  
7        *title XVIII, XIX, or XXI of the Social Security*  
8        *Act.*

9                *“(C) IDENTIFICATION OF SOURCE OF PAY-*  
10        *MENTS.—Any Tribal Health Program that re-*  
11        *ceives reimbursements or payments under title*  
12        *XVIII, XIX, or XXI of the Social Security Act,*  
13        *shall provide to the Service a list of each pro-*  
14        *vider enrollment number (or other identifier)*  
15        *under which such Program receives such reim-*  
16        *bursements or payments.*

17                *“(3) EXAMINATION AND IMPLEMENTATION OF*  
18        *CHANGES.—*

19                *“(A) IN GENERAL.—The Secretary, acting*  
20        *through the Service and with the assistance of*  
21        *the Administrator of the Centers for Medicare &*  
22        *Medicaid Services, shall examine on an ongoing*  
23        *basis and implement any administrative changes*  
24        *that may be necessary to facilitate direct billing*  
25        *and reimbursement under the program estab-*

lished under this subsection, including any agreements with States that may be necessary to provide for direct billing under a program under a title of the Social Security Act.

“(B) COORDINATION OF INFORMATION.—

The Service shall provide the Administrator of the Centers for Medicare & Medicaid Services with copies of the lists submitted to the Service under paragraph (2)(C), enrollment data regarding patients served by the Service (and by Tribal Health Programs, to the extent such data is available to the Service), and such other information as the Administrator may require for purposes of administering title XVIII, XIX, or XXI of the Social Security Act.

“(4) WITHDRAWAL FROM PROGRAM.—A Tribal Health Program that bills directly under the program established under this subsection may withdraw from participation in the same manner and under the same conditions that an Indian Tribe or Tribal Organization may retrocede a contracted program to the Secretary under the authority of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.). All cost accounting and billing authority under the program established under this subsection

1 shall be returned to the Secretary upon the Sec-  
2 retary's acceptance of the withdrawal of participation  
3 in this program.

4 “(5) *TERMINATION FOR FAILURE TO COMPLY*  
5 *WITH REQUIREMENTS.*—The Secretary may terminate  
6 the participation of a Tribal Health Program or in  
7 the direct billing program established under this sub-  
8 section if the Secretary determines that the Program  
9 has failed to comply with the requirements of para-  
10 graph (2). The Secretary shall provide a Tribal  
11 Health Program with notice of a determination that  
12 the Program has failed to comply with any such re-  
13 quirement and a reasonable opportunity to correct  
14 such noncompliance prior to terminating the Pro-  
15 gram's participation in the direct billing program es-  
16 tablished under this subsection.

17 “(e) *RELATED PROVISIONS UNDER THE SOCIAL SECU-*  
18 *RITY ACT.*—For provisions related to subsections (c) and  
19 (d), see sections 1880, 1911, and 2107(e)(1)(D) of the Social  
20 Security Act.

1 **"SEC. 402. GRANTS TO AND CONTRACTS WITH THE SERV-**  
2 **ICE, INDIAN TRIBES, TRIBAL ORGANIZA-**  
3 **TIONS, AND URBAN INDIAN ORGANIZATIONS**  
4 **TO FACILITATE OUTREACH, ENROLLMENT,**  
5 **AND COVERAGE OF INDIANS UNDER SOCIAL**  
6 **SECURITY ACT HEALTH BENEFIT PROGRAMS**  
7 **AND OTHER HEALTH BENEFITS PROGRAMS.**

8 *"(a) INDIAN TRIBES AND TRIBAL ORGANIZATIONS.—*  
9 *From funds appropriated to carry out this title in accord-*  
10 *ance with section 416, the Secretary, acting through the*  
11 *Service, shall make grants to or enter into contracts with*  
12 *Indian Tribes and Tribal Organizations to assist such*  
13 *Tribes and Tribal Organizations in establishing and ad-*  
14 *ministering programs on or near reservations and trust*  
15 *lands to assist individual Indians—*

16 *"(1) to enroll for benefits under a program estab-*  
17 *lished under title XVIII, XIX, or XXI of the Social*  
18 *Security Act and other health benefits programs; and*  
19 *"(2) with respect to such programs for which the*  
20 *charging of premiums and cost sharing is not prohib-*  
21 *ited under such programs, to pay premiums or cost*  
22 *sharing for coverage for such benefits, which may be*  
23 *based on financial need (as determined by the Indian*  
24 *Tribe or Tribes or Tribal Organizations being served*  
25 *based on a schedule of income levels developed or im-*

plemented by such Tribe, Tribes, or Tribal Organizations).

“(b) *CONDITIONS.*—The Secretary, acting through the Service, shall place conditions as deemed necessary to effect the purpose of this section in any grant or contract which the Secretary makes with any Indian Tribe or Tribal Organization pursuant to this section. Such conditions shall include requirements that the Indian Tribe or Tribal Organization successfully undertake—

“(1) to determine the population of Indians eligible for the benefits described in subsection (a);

“(2) to educate Indians with respect to the benefits available under the respective programs;

“(3) to provide transportation for such individual Indians to the appropriate offices for enrollment or applications for such benefits; and

“(4) to develop and implement methods of improving the participation of Indians in receiving benefits under such programs.

“(c) *APPLICATION TO URBAN INDIAN ORGANIZATIONS.*—

“(1) *IN GENERAL.*—The provisions of subsection (a) shall apply with respect to grants and other funding to Urban Indian Organizations with respect to populations served by such organizations in the same



1 manner they apply to grants and contracts with In-  
2 dian Tribes and Tribal Organizations with respect to  
3 programs on or near reservations.

4 “(2) *REQUIREMENTS.*—The Secretary shall in-  
5 clude in the grants or contracts made or provided  
6 under paragraph (1) requirements that are—

7 “(A) consistent with the requirements im-  
8 posed by the Secretary under subsection (b);

9 “(B) appropriate to Urban Indian Organi-  
10 zations and Urban Indians; and

11 “(C) necessary to effect the purposes of this  
12 section.

13 “(d) *FACILITATING COOPERATION.*—The Secretary,  
14 acting through the Centers for Medicare & Medicaid Serv-  
15 ices, shall take such steps as are necessary to facilitate co-  
16 operation with, and agreements between, States and the  
17 Service, Indian Tribes, Tribal Organizations, or Urban In-  
18 dian Organizations with respect to the provision of health  
19 care items and services to Indians under the programs es-  
20 tablished under title XVIII, XIX, or XXI of the Social Secu-  
21 rity Act.

22 “(e) *AGREEMENTS RELATING TO IMPROVING ENROLL-*  
23 *MENT OF INDIANS UNDER SOCIAL SECURITY ACT HEALTH*  
24 *BENEFITS PROGRAMS.*—For provisions relating to agree-  
25 ments between the Secretary, acting through the Service,

1 *and Indian Tribes, Tribal Organizations, and Urban In-*  
2 *dian Organizations for the collection, preparation, and sub-*  
3 *mission of applications by Indians for assistance under the*  
4 *Medicaid and State children's health insurance programs*  
5 *established under titles XIX and XXI of the Social Security*  
6 *Act, and benefits under the Medicare program established*  
7 *under title XVIII of such Act, see subsections (a) and (b)*  
8 *of section 1139 of the Social Security Act.*

9 “(f) *DEFINITION OF PREMIUMS AND COST SHARING.*—  
10 *In this section:*

11 “(1) *PREMIUM.*—*The term ‘premium’ includes*  
12 *any enrollment fee or similar charge.*

13 “(2) *COST SHARING.*—*The term ‘cost sharing’*  
14 *includes any deduction, deductible, copayment, coin-*  
15 *surance, or similar charge.*

16 “**SEC. 403. REIMBURSEMENT FROM CERTAIN THIRD PAR-**  
17 ***TIES OF COSTS OF HEALTH SERVICES.***

18 “(a) *RIGHT OF RECOVERY.*—*Except as provided in*  
19 *subsection (f), the United States, an Indian Tribe, or Tribal*  
20 *Organization shall have the right to recover from an insur-*  
21 *ance company, health maintenance organization, employee*  
22 *benefit plan, third-party tortfeasor, or any other responsible*  
23 *or liable third party (including a political subdivision or*  
24 *local governmental entity of a State) the reasonable charges*  
25 *billed by the Secretary, an Indian Tribe, or Tribal Organi-*

1 zation in providing health services through the Service, an  
2 Indian Tribe, or Tribal Organization to any individual to  
3 the same extent that such individual, or any nongovern-  
4 mental provider of such services, would be eligible to receive  
5 damages, reimbursement, or indemnification for such  
6 charges or expenses if—

7 “(1) such services had been provided by a non-  
8 governmental provider; and

9 “(2) such individual had been required to pay  
10 such charges or expenses and did pay such charges or  
11 expenses.

12 “(b) *LIMITATIONS ON RECOVERIES FROM STATES.*—  
13 Subsection (a) shall provide a right of recovery against any  
14 State, only if the injury, illness, or disability for which  
15 health services were provided is covered under—

16 “(1) workers’ compensation laws; or

17 “(2) a no-fault automobile accident insurance  
18 plan or program.

19 “(c) *NONAPPLICATION OF OTHER LAWS.*—No law of  
20 any State, or of any political subdivision of a State and  
21 no provision of any contract, insurance or health mainte-  
22 nance organization policy, employee benefit plan, self-in-  
23 surance plan, managed care plan, or other health care plan  
24 or program entered into or renewed after the date of the  
25 enactment of the Indian Health Care Amendments of 1988,

1 shall prevent or hinder the right of recovery of the United  
2 States, an Indian Tribe, or Tribal Organization under sub-  
3 section (a).

4 “(d) NO EFFECT ON PRIVATE RIGHTS OF ACTION.—  
5 No action taken by the United States, an Indian Tribe, or  
6 Tribal Organization to enforce the right of recovery pro-  
7 vided under this section shall operate to deny to the injured  
8 person the recovery for that portion of the person’s damage  
9 not covered hereunder.

10 “(e) ENFORCEMENT.—

11 “(1) IN GENERAL.—The United States, an In-  
12 dian Tribe, or Tribal Organization may enforce the  
13 right of recovery provided under subsection (a) by—

14 “(A) intervening or joining in any civil ac-  
15 tion or proceeding brought—

16 “(i) by the individual for whom health  
17 services were provided by the Secretary, an  
18 Indian Tribe, or Tribal Organization; or

19 “(ii) by any representative or heirs of  
20 such individual, or

21 “(B) instituting a civil action, including a  
22 civil action for injunctive relief and other relief  
23 and including, with respect to a political sub-  
24 division or local governmental entity of a State,  
25 such an action against an official thereof.

1           “(2) *NOTICE.*—All reasonable efforts shall be  
2       made to provide notice of action instituted under  
3       paragraph (1)(B) to the individual to whom health  
4       services were provided, either before or during the  
5       pendency of such action.

6           “(3) *RECOVERY FROM TORTFEASORS.*—

7           “(A) *IN GENERAL.*—In any case in which  
8       an Indian Tribe or Tribal Organization that is  
9       authorized or required under a compact or con-  
10      tract issued pursuant to the Indian Self-Deter-  
11      mination and Education Assistance Act (25  
12      U.S.C. 450 et seq.) to furnish or pay for health  
13      services to a person who is injured or suffers a  
14      disease on or after the date of enactment of the  
15      Indian Health Care Improvement Act Amend-  
16      ments of 2007 under circumstances that establish  
17      grounds for a claim of liability against the  
18      tortfeasor with respect to the injury or disease,  
19      the Indian Tribe or Tribal Organization shall  
20      have a right to recover from the tortfeasor (or an  
21      insurer of the tortfeasor) the reasonable value of  
22      the health services so furnished, paid for, or to  
23      be paid for, in accordance with the Federal Med-  
24      ical Care Recovery Act (42 U.S.C. 2651 et seq.),  
25      to the same extent and under the same cir-



1            *cumstances as the United States may recover*  
2            *under that Act.*

3            “(B) *TREATMENT.*—*The right of an Indian*  
4            *Tribe or Tribal Organization to recover under*  
5            *subparagraph (A) shall be independent of the*  
6            *rights of the injured or diseased person served by*  
7            *the Indian Tribe or Tribal Organization.*

8            “(f) *LIMITATION.*—*Absent specific written authoriza-*  
9            *tion by the governing body of an Indian Tribe for the period*  
10           *of such authorization (which may not be for a period of*  
11           *more than 1 year and which may be revoked at any time*  
12           *upon written notice by the governing body to the Service),*  
13           *the United States shall not have a right of recovery under*  
14           *this section if the injury, illness, or disability for which*  
15           *health services were provided is covered under a self-insur-*  
16           *ance plan funded by an Indian Tribe, Tribal Organization,*  
17           *or Urban Indian Organization. Where such authorization*  
18           *is provided, the Service may receive and expend such*  
19           *amounts for the provision of additional health services con-*  
20           *sistent with such authorization.*

21           “(g) *COSTS AND ATTORNEYS’ FEES.*—*In any action*  
22           *brought to enforce the provisions of this section, a prevailing*  
23           *plaintiff shall be awarded its reasonable attorneys’ fees and*  
24           *costs of litigation.*

1       “(h) *NONAPPLICATION OF CLAIMS FILING REQUIRE-*  
2 *MENTS.*—An insurance company, health maintenance orga-  
3 nization, self-insurance plan, managed care plan, or other  
4 health care plan or program (under the Social Security Act  
5 or otherwise) may not deny a claim for benefits submitted  
6 by the Service or by an Indian Tribe or Tribal Organiza-  
7 tion based on the format in which the claim is submitted  
8 if such format complies with the format required for sub-  
9 mission of claims under title XVIII of the Social Security  
10 Act or recognized under section 1175 of such Act.

11       “(i) *APPLICATION TO URBAN INDIAN ORGANIZA-*  
12 *TIONS.*—The previous provisions of this section shall apply  
13 to Urban Indian Organizations with respect to populations  
14 served by such Organizations in the same manner they  
15 apply to Indian Tribes and Tribal Organizations with re-  
16 spect to populations served by such Indian Tribes and Trib-  
17 al Organizations.

18       “(j) *STATUTE OF LIMITATIONS.*—The provisions of sec-  
19 tion 2415 of title 28, United States Code, shall apply to  
20 all actions commenced under this section, and the references  
21 therein to the United States are deemed to include Indian  
22 Tribes, Tribal Organizations, and Urban Indian Organiza-  
23 tions.

24       “(k) *SAVINGS.*—Nothing in this section shall be con-  
25 strued to limit any right of recovery available to the United

1 *States, an Indian Tribe, or Tribal Organization under the*  
2 *provisions of any applicable, Federal, State, or Tribal law,*  
3 *including medical lien laws.*

4 **“SEC. 404. CREDITING OF REIMBURSEMENTS.**

5       “(a) *USE OF AMOUNTS.*—

6               “(1) *RETENTION BY PROGRAM.*—Except as pro-  
7 *vided in section 202(f) (relating to the Catastrophic*  
8 *Health Emergency Fund) and section 807 (relating to*  
9 *health services for ineligible persons), all reimburse-*  
10 *ments received or recovered under any of the pro-*  
11 *grams described in paragraph (2), including under*  
12 *section 807, by reason of the provision of health serv-*  
13 *ices by the Service, by an Indian Tribe or Tribal Or-*  
14 *ganization, or by an Urban Indian Organization,*  
15 *shall be credited to the Service, such Indian Tribe or*  
16 *Tribal Organization, or such Urban Indian Organi-*  
17 *zation, respectively, and may be used as provided in*  
18 *section 401. In the case of such a service provided by*  
19 *or through a Service Unit, such amounts shall be*  
20 *credited to such unit and used for such purposes.*

21               “(2) *PROGRAMS COVERED.*—The programs re-  
22 *ferred to in paragraph (1) are the following:*

23                       “(A) *Titles XVIII, XIX, and XXI of the So-*  
24 *cial Security Act.*

25                       “(B) *This Act, including section 807.*

1                   “(C) *Public Law 87–693.*

2                   “(D) *Any other provision of law.*

3           “(b) *NO OFFSET OF AMOUNTS.—The Service may not*  
 4 *offset or limit any amount obligated to any Service Unit*  
 5 *or entity receiving funding from the Service because of the*  
 6 *receipt of reimbursements under subsection (a).*

7   **“SEC. 405. PURCHASING HEALTH CARE COVERAGE.**

8           “(a) *IN GENERAL.—Insofar as amounts are made*  
 9 *available under law (including a provision of the Social*  
 10 *Security Act, the Indian Self-Determination and Education*  
 11 *Assistance Act (25 U.S.C. 450 et seq.), or other law, other*  
 12 *than under section 402) to Indian Tribes, Tribal Organiza-*  
 13 *tions, and Urban Indian Organizations for health benefits*  
 14 *for Service beneficiaries, Indian Tribes, Tribal Organiza-*  
 15 *tions, and Urban Indian Organizations may use such*  
 16 *amounts to purchase health benefits coverage for such bene-*  
 17 *ficiaries in any manner, including through—*

18                   “(1) *a tribally owned and operated health care*  
 19           *plan;*

20                   “(2) *a State or locally authorized or licensed*  
 21           *health care plan;*

22                   “(3) *a health insurance provider or managed*  
 23           *care organization; or*

24                   “(4) *a self-insured plan.*

1 *The purchase of such coverage by an Indian Tribe, Tribal*  
 2 *Organization, or Urban Indian Organization may be based*  
 3 *on the financial needs of such beneficiaries (as determined*  
 4 *by the Indian Tribe or Tribes being served based on a sched-*  
 5 *ule of income levels developed or implemented by such In-*  
 6 *dian Tribe or Tribes).*

7 “(b) *EXPENSES FOR SELF-INSURED PLAN.*—In the  
 8 case of a self-insured plan under subsection (a)(4), the  
 9 amounts may be used for expenses of operating the plan,  
 10 including administration and insurance to limit the finan-  
 11 cial risks to the entity offering the plan.

12 “(c) *CONSTRUCTION.*—Nothing in this section shall be  
 13 construed as affecting the use of any amounts not referred  
 14 to in subsection (a).

15 **“SEC. 406. SHARING ARRANGEMENTS WITH FEDERAL AGEN-**  
 16 **CIES.**

17 “(a) *AUTHORITY.*—

18 “(1) *IN GENERAL.*—The Secretary may enter  
 19 into (or expand) arrangements for the sharing of  
 20 medical facilities and services between the Service, In-  
 21 dian Tribes, and Tribal Organizations and the De-  
 22 partment of Veterans Affairs and the Department of  
 23 Defense.

24 “(2) *CONSULTATION BY SECRETARY RE-*  
 25 *QUIRED.*—The Secretary may not finalize any ar-



1        *arrangement between the Service and a Department de-*  
2        *scribed in paragraph (1) without first consulting with*  
3        *the Indian Tribes which will be significantly affected*  
4        *by the arrangement.*

5        “(b) *LIMITATIONS.—The Secretary shall not take any*  
6        *action under this section or under subchapter IV of chapter*  
7        *81 of title 38, United States Code, which would impair—*

8                “(1) *the priority access of any Indian to health*  
9                *care services provided through the Service and the eli-*  
10                *gibility of any Indian to receive health services*  
11                *through the Service;*

12                “(2) *the quality of health care services provided*  
13                *to any Indian through the Service;*

14                “(3) *the priority access of any veteran to health*  
15                *care services provided by the Department of Veterans*  
16                *Affairs;*

17                “(4) *the quality of health care services provided*  
18                *by the Department of Veterans Affairs or the Depart-*  
19                *ment of Defense; or*

20                “(5) *the eligibility of any Indian who is a vet-*  
21                *eran to receive health services through the Department*  
22                *of Veterans Affairs.*

23        “(c) *REIMBURSEMENT.—The Service, Indian Tribe, or*  
24        *Tribal Organization shall be reimbursed by the Department*  
25        *of Veterans Affairs or the Department of Defense (as the*

1 case may be) where services are provided through the Serv-  
 2 ice, an Indian Tribe, or a Tribal Organization to bene-  
 3 ficiaries eligible for services from either such Department,  
 4 notwithstanding any other provision of law.

5 “(d) CONSTRUCTION.—Nothing in this section may be  
 6 construed as creating any right of a non-Indian veteran  
 7 to obtain health services from the Service.

8 **“SEC. 407. PAYOR OF LAST RESORT.**

9 “Indian Health Programs and health care programs  
 10 operated by Urban Indian Organizations shall be the payor  
 11 of last resort for services provided to persons eligible for  
 12 services from Indian Health Programs and Urban Indian  
 13 Organizations, notwithstanding any Federal, State, or local  
 14 law to the contrary.

15 **“SEC. 408. NONDISCRIMINATION UNDER FEDERAL HEALTH**  
 16 **CARE PROGRAMS IN QUALIFICATIONS FOR**  
 17 **REIMBURSEMENT FOR SERVICES.**

18 “(a) REQUIREMENT TO SATISFY GENERALLY APPLI-  
 19 CABLE PARTICIPATION REQUIREMENTS.—

20 “(1) IN GENERAL.—A Federal health care pro-  
 21 gram must accept an entity that is operated by the  
 22 Service, an Indian Tribe, Tribal Organization, or  
 23 Urban Indian Organization as a provider eligible to  
 24 receive payment under the program for health care  
 25 services furnished to an Indian on the same basis as

1     any other provider qualified to participate as a pro-  
2     vider of health care services under the program if the  
3     entity meets generally applicable State or other re-  
4     quirements for participation as a provider of health  
5     care services under the program.

6             “(2) *SATISFACTION OF STATE OR LOCAL LICEN-*  
7     *SURE OR RECOGNITION REQUIREMENTS.*—Any re-  
8     quirement for participation as a provider of health  
9     care services under a Federal health care program  
10    that an entity be licensed or recognized under the  
11    State or local law where the entity is located to fur-  
12    nish health care services shall be deemed to have been  
13    met in the case of an entity operated by the Service,  
14    an Indian Tribe, Tribal Organization, or Urban In-  
15    dian Organization if the entity meets all the applica-  
16    ble standards for such licensure or recognition, re-  
17    gardless of whether the entity obtains a license or  
18    other documentation under such State or local law. In  
19    accordance with section 221, the absence of the licen-  
20    sure of a health care professional employed by such  
21    an entity under the State or local law where the enti-  
22    ty is located shall not be taken into account for pur-  
23    poses of determining whether the entity meets such  
24    standards, if the professional is licensed in another  
25    State.

1       “(b) *APPLICATION OF EXCLUSION FROM PARTICIPA-*  
2 *TION IN FEDERAL HEALTH CARE PROGRAMS.*—

3               “(1) *EXCLUDED ENTITIES.*—No entity operated  
4 by the Service, an Indian Tribe, Tribal Organization,  
5 or Urban Indian Organization that has been excluded  
6 from participation in any Federal health care pro-  
7 gram or for which a license is under suspension or  
8 has been revoked by the State where the entity is lo-  
9 cated shall be eligible to receive payment or reim-  
10 bursement under any such program for health care  
11 services furnished to an Indian.

12              “(2) *EXCLUDED INDIVIDUALS.*—No individual  
13 who has been excluded from participation in any  
14 Federal health care program or whose State license is  
15 under suspension shall be eligible to receive payment  
16 or reimbursement under any such program for health  
17 care services furnished by that individual, directly or  
18 through an entity that is otherwise eligible to receive  
19 payment for health care services, to an Indian.

20              “(3) *FEDERAL HEALTH CARE PROGRAM DE-*  
21 *FINED.*—In this subsection, the term, ‘Federal health  
22 care program’ has the meaning given that term in  
23 section 1128B(f) of the Social Security Act (42 U.S.C.  
24 1320a-7b(f)), except that, for purposes of this sub-  
25 section, such term shall include the health insurance

1       program under chapter 89 of title 5, United States  
2       Code.

3       “(c) *RELATED PROVISIONS.*—For provisions related to  
4       nondiscrimination against providers operated by the Serv-  
5       ice, an Indian Tribe, Tribal Organization, or Urban In-  
6       dian Organization, see section 1139(c) of the Social Secu-  
7       rity Act (42 U.S.C. 1320b–9(c)).

8       **“SEC. 409. CONSULTATION.**

9       “For provisions related to consultation with represent-  
10      atives of Indian Health Programs and Urban Indian Orga-  
11      nizations with respect to the health care programs estab-  
12      lished under titles XVIII, XIX, and XXI of the Social Secu-  
13      rity Act, see section 1139(d) of the Social Security Act (42  
14      U.S.C. 1320b–9(d)).

15      **“SEC. 410. STATE CHILDREN’S HEALTH INSURANCE PRO-**  
16      **GRAM (SCHIP).**

17      “For provisions relating to—

18              “(1) outreach to families of Indian children like-  
19      ly to be eligible for child health assistance under the  
20      State children’s health insurance program established  
21      under title XXI of the Social Security Act, see sec-  
22      tions 2105(c)(2)(C) and 1139(a) of such Act (42  
23      U.S.C. 1397ee(c)(2), 1320b–9); and

24              “(2) ensuring that child health assistance is pro-  
25      vided under such program to targeted low-income



children who are Indians and that payments are made under such program to Indian Health Programs and Urban Indian Organizations operating in the State that provide such assistance, see sections 2102(b)(3)(D) and 2105(c)(6)(B) of such Act (42 U.S.C. 1397bb(b)(3)(D), 1397ee(c)(6)(B)).

**“SEC. 411. EXCLUSION WAIVER AUTHORITY FOR AFFECTED  
INDIAN HEALTH PROGRAMS AND SAFE HAR-  
BOR TRANSACTIONS UNDER THE SOCIAL SE-  
CURITY ACT.**

“For provisions relating to—

“(1) exclusion waiver authority for affected Indian Health Programs under the Social Security Act, see section 1128(k) of the Social Security Act (42 U.S.C. 1320a-7(k)); and

“(2) certain transactions involving Indian Health Programs deemed to be in safe harbors under that Act, see section 1128B(b)(4) of the Social Security Act (42 U.S.C. 1320a-7b(b)(4)).

**“SEC. 412. PREMIUM AND COST SHARING PROTECTIONS  
AND ELIGIBILITY DETERMINATIONS UNDER  
MEDICAID AND SCHIP AND PROTECTION OF  
CERTAIN INDIAN PROPERTY FROM MEDICAID  
ESTATE RECOVERY.**

“For provisions relating to—

1           “(1) premiums or cost sharing protections for  
 2       Indians furnished items or services directly by Indian  
 3       Health Programs or through referral under the con-  
 4       tract health service under the Medicaid program es-  
 5       tablished under title XIX of the Social Security Act,  
 6       see sections 1916(j) and 1916A(a)(1) of the Social Se-  
 7       curity Act (42 U.S.C. 1396o(j), 1396o-1(a)(1));

8           “(2) rules regarding the treatment of certain  
 9       property for purposes of determining eligibility under  
 10      such programs, see sections 1902(e)(13) and  
 11      2107(e)(1)(B) of such Act (42 U.S.C. 1396a(e)(13),  
 12      1397gg(e)(1)(B)); and

13          “(3) the protection of certain property from es-  
 14      tate recovery provisions under the Medicaid program,  
 15      see section 1917(b)(3)(B) of such Act (42 U.S.C.  
 16      1396p(b)(3)(B)).

17   **“SEC. 413. TREATMENT UNDER MEDICAID AND SCHIP MAN-**  
 18       **AGED CARE.**

19          *“For provisions relating to the treatment of Indians*  
 20      *enrolled in a managed care entity under the Medicaid pro-*  
 21      *gram under title XIX of the Social Security Act and Indian*  
 22      *Health Programs and Urban Indian Organizations that*  
 23      *are providers of items or services to such Indian enrollees,*  
 24      *see sections 1932(h) and 2107(e)(1)(H) of the Social Secu-*  
 25      *rity Act (42 U.S.C. 1396u-2(h), 1397gg(e)(1)(H)).*

1   **“SEC. 414. NAVAJO NATION MEDICAID AGENCY FEASIBILITY**  
2                           **STUDY.**

3           “(a) *STUDY.*—The Secretary shall conduct a study to  
4   determine the feasibility of treating the Navajo Nation as  
5   a State for the purposes of title XIX of the Social Security  
6   Act, to provide services to Indians living within the bound-  
7   aries of the Navajo Nation through an entity established  
8   having the same authority and performing the same func-  
9   tions as single-State medicaid agencies responsible for the  
10   administration of the State plan under title XIX of the So-  
11   cial Security Act.

12           “(b) *CONSIDERATIONS.*—In conducting the study, the  
13   Secretary shall consider the feasibility of—

14           “(1) assigning and paying all expenditures for  
15   the provision of services and related administration  
16   funds, under title XIX of the Social Security Act, to  
17   Indians living within the boundaries of the Navajo  
18   Nation that are currently paid to or would otherwise  
19   be paid to the State of Arizona, New Mexico, or Utah;

20           “(2) providing assistance to the Navajo Nation  
21   in the development and implementation of such entity  
22   for the administration, eligibility, payment, and de-  
23   livery of medical assistance under title XIX of the So-  
24   cial Security Act;

25           “(3) providing an appropriate level of matching  
26   funds for Federal medical assistance with respect to

1        *amounts such entity expends for medical assistance*  
2        *for services and related administrative costs; and*

3                *“(4) authorizing the Secretary, at the option of*  
4        *the Navajo Nation, to treat the Navajo Nation as a*  
5        *State for the purposes of title XIX of the Social Secu-*  
6        *rity Act (relating to the State children’s health insur-*  
7        *ance program) under terms equivalent to those de-*  
8        *scribed in paragraphs (2) through (4).*

9                *“(c) REPORT.—Not later than 3 years after the date*  
10       *of enactment of the Indian Health Care Improvement Act*  
11       *Amendments of 2007, the Secretary shall submit to the*  
12       *Committee on Indian Affairs and Committee on Finance*  
13       *of the Senate and the Committee on Natural Resources and*  
14       *Committee on Energy and Commerce of the House of Rep-*  
15       *resentatives a report that includes—*

16                *“(1) the results of the study under this section;*

17                *“(2) a summary of any consultation that oc-*  
18        *curred between the Secretary and the Navajo Nation,*  
19        *other Indian Tribes, the States of Arizona, New Mex-*  
20        *ico, and Utah, counties which include Navajo Lands,*  
21        *and other interested parties, in conducting this study;*

22                *“(3) projected costs or savings associated with es-*  
23        *tablishment of such entity, and any estimated impact*  
24        *on services provided as described in this section in re-*  
25        *lation to probable costs or savings; and*

“(4) legislative actions that would be required to authorize the establishment of such entity if such entity is determined by the Secretary to be feasible.

**“SEC. 415. GENERAL EXCEPTIONS.**

“The requirements of this title shall not apply to any excepted benefits described in paragraph (1)(A) or (3) of section 2791(c) of the Public Health Service Act (42 U.S.C. 300gg-91).

**“SEC. 416. AUTHORIZATION OF APPROPRIATIONS.**

“There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 to carry out this title.

**“TITLE V—HEALTH SERVICES  
FOR URBAN INDIANS**

**“SEC. 501. PURPOSE.**

“The purpose of this title is to establish and maintain programs in Urban Centers to make health services more accessible and available to Urban Indians.

**“SEC. 502. CONTRACTS WITH, AND GRANTS TO, URBAN INDIAN ORGANIZATIONS.**

“Under authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’), the Secretary, acting through the Service, shall enter into contracts with, or make grants to, Urban Indian Organizations to assist such organizations in the establishment and adminis-



1 tration, within Urban Centers, of programs which meet the  
 2 requirements set forth in this title. Subject to section 506,  
 3 the Secretary, acting through the Service, shall include such  
 4 conditions as the Secretary considers necessary to effect the  
 5 purpose of this title in any contract into which the Sec-  
 6 retary enters with, or in any grant the Secretary makes  
 7 to, any Urban Indian Organization pursuant to this title.

8 **"SEC. 503. CONTRACTS AND GRANTS FOR THE PROVISION**  
 9 **OF HEALTH CARE AND REFERRAL SERVICES.**

10       “(a) **REQUIREMENTS FOR GRANTS AND CONTRACTS.—**  
 11 Under authority of the Act of November 2, 1921 (25 U.S.C.  
 12 13) (commonly known as the ‘Snyder Act’), the Secretary,  
 13 acting through the Service, shall enter into contracts with,  
 14 and make grants to, Urban Indian Organizations for the  
 15 provision of health care and referral services for Urban In-  
 16 dians. Any such contract or grant shall include require-  
 17 ments that the Urban Indian Organization successfully un-  
 18 dertake to—

19               “(1) estimate the population of Urban Indians  
 20 residing in the Urban Center or centers that the orga-  
 21 nization proposes to serve who are or could be recipi-  
 22 ents of health care or referral services;

23               “(2) estimate the current health status of Urban  
 24 Indians residing in such Urban Center or centers;

1           “(3) estimate the current health care needs of  
2   Urban Indians residing in such Urban Center or cen-  
3   ters;

4           “(4) provide basic health education, including  
5   health promotion and disease prevention education, to  
6   Urban Indians;

7           “(5) make recommendations to the Secretary and  
8   Federal, State, local, and other resource agencies on  
9   methods of improving health service programs to meet  
10   the needs of Urban Indians; and

11          “(6) where necessary, provide, or enter into con-  
12   tracts for the provision of, health care services for  
13   Urban Indians.

14          “(b) CRITERIA.—The Secretary, acting through the  
15   Service, shall, by regulation, prescribe the criteria for select-  
16   ing Urban Indian Organizations to enter into contracts or  
17   receive grants under this section. Such criteria shall, among  
18   other factors, include—

19           “(1) the extent of unmet health care needs of  
20   Urban Indians in the Urban Center or centers in-  
21   volved;

22           “(2) the size of the Urban Indian population in  
23   the Urban Center or centers involved;

24           “(3) the extent, if any, to which the activities set  
25   forth in subsection (a) would duplicate any project

1       funded under this title, or under any current public  
2       health service project funded in a manner other than  
3       pursuant to this title;

4               “(4) the capability of an Urban Indian Organi-  
5       zation to perform the activities set forth in subsection  
6       (a) and to enter into a contract with the Secretary  
7       or to meet the requirements for receiving a grant  
8       under this section;

9               “(5) the satisfactory performance and successful  
10       completion by an Urban Indian Organization of  
11       other contracts with the Secretary under this title;

12               “(6) the appropriateness and likely effectiveness  
13       of conducting the activities set forth in subsection (a)  
14       in an Urban Center or centers; and

15               “(7) the extent of existing or likely future par-  
16       ticipation in the activities set forth in subsection (a)  
17       by appropriate health and health-related Federal,  
18       State, local, and other agencies.

19       “(c) ACCESS TO HEALTH PROMOTION AND DISEASE  
20       PREVENTION PROGRAMS.—The Secretary, acting through  
21       the Service, shall facilitate access to or provide health pro-  
22       motion and disease prevention services for Urban Indians  
23       through grants made to Urban Indian Organizations ad-  
24       ministering contracts entered into or receiving grants under  
25       subsection (a).

1       “(d) *IMMUNIZATION SERVICES.*—

2               “(1) *ACCESS OR SERVICES PROVIDED.*—*The Sec-*  
3       *retary, acting through the Service, shall facilitate ac-*  
4       *cess to, or provide, immunization services for Urban*  
5       *Indians through grants made to Urban Indian Orga-*  
6       *nizations administering contracts entered into or re-*  
7       *ceiving grants under this section.*

8               “(2) *DEFINITION.*—*For purposes of this sub-*  
9       *section, the term ‘immunization services’ means serv-*  
10      *ices to provide without charge immunizations against*  
11      *vaccine-preventable diseases.*

12      “(e) *BEHAVIORAL HEALTH SERVICES.*—

13              “(1) *ACCESS OR SERVICES PROVIDED.*—*The Sec-*  
14      *retary, acting through the Service, shall facilitate ac-*  
15      *cess to, or provide, behavioral health services for*  
16      *Urban Indians through grants made to Urban Indian*  
17      *Organizations administering contracts entered into or*  
18      *receiving grants under subsection (a).*

19              “(2) *ASSESSMENT REQUIRED.*—*Except as pro-*  
20      *vided by paragraph (3)(A), a grant may not be made*  
21      *under this subsection to an Urban Indian Organiza-*  
22      *tion until that organization has prepared, and the*  
23      *Service has approved, an assessment of the following:*

24                      “(A) *The behavioral health needs of the*  
25                      *Urban Indian population concerned.*

1           “(B) *The behavioral health services and*  
2           *other related resources available to that popu-*  
3           *lation.*

4           “(C) *The barriers to obtaining those services*  
5           *and resources.*

6           “(D) *The needs that are unmet by such*  
7           *services and resources.*

8           “(3) *PURPOSES OF GRANTS.—Grants may be*  
9           *made under this subsection for the following:*

10           “(A) *To prepare assessments required under*  
11           *paragraph (2).*

12           “(B) *To provide outreach, educational, and*  
13           *referral services to Urban Indians regarding the*  
14           *availability of direct behavioral health services,*  
15           *to educate Urban Indians about behavioral*  
16           *health issues and services, and effect coordina-*  
17           *tion with existing behavioral health providers in*  
18           *order to improve services to Urban Indians.*

19           “(C) *To provide outpatient behavioral*  
20           *health services to Urban Indians, including the*  
21           *identification and assessment of illness, thera-*  
22           *peutic treatments, case management, support*  
23           *groups, family treatment, and other treatment.*



1           “(D) To develop innovative behavioral  
2           health service delivery models which incorporate  
3           Indian cultural support systems and resources.

4           “(f) PREVENTION OF CHILD ABUSE.—

5           “(1) ACCESS OR SERVICES PROVIDED.—The Sec-  
6           retary, acting through the Service, shall facilitate ac-  
7           cess to or provide services for Urban Indians through  
8           grants to Urban Indian Organizations administering  
9           contracts entered into or receiving grants under sub-  
10          section (a) to prevent and treat child abuse (including  
11          sexual abuse) among Urban Indians.

12          “(2) EVALUATION REQUIRED.—Except as pro-  
13          vided by paragraph (3)(A), a grant may not be made  
14          under this subsection to an Urban Indian Organiza-  
15          tion until that organization has prepared, and the  
16          Service has approved, an assessment that documents  
17          the prevalence of child abuse in the Urban Indian  
18          population concerned and specifies the services and  
19          programs (which may not duplicate existing services  
20          and programs) for which the grant is requested.

21          “(3) PURPOSES OF GRANTS.—Grants may be  
22          made under this subsection for the following:

23               “(A) To prepare assessments required under  
24               paragraph (2).

1           “(B) For the development of prevention,  
2           training, and education programs for Urban In-  
3           dians, including child education, parent edu-  
4           cation, provider training on identification and  
5           intervention, education on reporting require-  
6           ments, prevention campaigns, and establishing  
7           service networks of all those involved in Indian  
8           child protection.

9           “(C) To provide direct outpatient treatment  
10          services (including individual treatment, family  
11          treatment, group therapy, and support groups)  
12          to Urban Indians who are child victims of abuse  
13          (including sexual abuse) or adult survivors of  
14          child sexual abuse, to the families of such child  
15          victims, and to Urban Indian perpetrators of  
16          child abuse (including sexual abuse).

17          “(4) CONSIDERATIONS WHEN MAKING GRANTS.—  
18          In making grants to carry out this subsection, the  
19          Secretary shall take into consideration—

20               “(A) the support for the Urban Indian Or-  
21               ganization demonstrated by the child protection  
22               authorities in the area, including committees or  
23               other services funded under the Indian Child  
24               Welfare Act of 1978 (25 U.S.C. 1901 et seq.), if  
25               any;

“(B) the capability and expertise demonstrated by the Urban Indian Organization to address the complex problem of child sexual abuse in the community; and

“(C) the assessment required under paragraph (2).

“(g) *OTHER GRANTS.*—The Secretary, acting through the Service, may enter into a contract with or make grants to an Urban Indian Organization that provides or arranges for the provision of health care services (through satellite facilities, provider networks, or otherwise) to Urban Indians in more than 1 Urban Center.

**“SEC. 504. CONTRACTS AND GRANTS FOR THE DETERMINATION OF UNMET HEALTH CARE NEEDS.**

“(a) *GRANTS AND CONTRACTS AUTHORIZED.*—Under authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’), the Secretary, acting through the Service, may enter into contracts with or make grants to Urban Indian Organizations situated in Urban Centers for which contracts have not been entered into or grants have not been made under section 503.

“(b) *PURPOSE.*—The purpose of a contract or grant made under this section shall be the determination of the matters described in subsection (c)(1) in order to assist the Secretary in assessing the health status and health care

1 *needs of Urban Indians in the Urban Center involved and*  
2 *determining whether the Secretary should enter into a con-*  
3 *tract or make a grant under section 503 with respect to*  
4 *the Urban Indian Organization which the Secretary has en-*  
5 *tered into a contract with, or made a grant to, under this*  
6 *section.*

7       “(c) *GRANT AND CONTRACT REQUIREMENTS.—Any*  
8 *contract entered into, or grant made, by the Secretary*  
9 *under this section shall include requirements that—*

10               “(1) *the Urban Indian Organization successfully*  
11 *undertakes to—*

12                       “(A) *document the health care status and*  
13 *unmet health care needs of Urban Indians in the*  
14 *Urban Center involved; and*

15                       “(B) *with respect to Urban Indians in the*  
16 *Urban Center involved, determine the matters*  
17 *described in paragraphs (2), (3), (4), and (7) of*  
18 *section 503(b); and*

19               “(2) *the Urban Indian Organization complete*  
20 *performance of the contract, or carry out the require-*  
21 *ments of the grant, within 1 year after the date on*  
22 *which the Secretary and such organization enter into*  
23 *such contract, or within 1 year after such organiza-*  
24 *tion receives such grant, whichever is applicable.*

1       “(d) *NO RENEWALS.*—The Secretary may not renew  
2 any contract entered into or grant made under this section.

3       “**SEC. 505. EVALUATIONS; RENEWALS.**

4       “(a) *PROCEDURES FOR EVALUATIONS.*—The Sec-  
5 retary, acting through the Service, shall develop procedures  
6 to evaluate compliance with grant requirements and com-  
7 pliance with and performance of contracts entered into by  
8 Urban Indian Organizations under this title. Such proce-  
9 dures shall include provisions for carrying out the require-  
10 ments of this section.

11       “(b) *EVALUATIONS.*—The Secretary, acting through  
12 the Service, shall evaluate the compliance of each Urban  
13 Indian Organization which has entered into a contract or  
14 received a grant under section 503 with the terms of such  
15 contract or grant. For purposes of this evaluation, the Sec-  
16 retary shall—

17       “(1) acting through the Service, conduct an an-  
18 nual onsite evaluation of the organization; or

19       “(2) accept in lieu of such onsite evaluation evi-  
20 dence of the organization’s provisional or full accredi-  
21 tation by a private independent entity recognized by  
22 the Secretary for purposes of conducting quality re-  
23 views of providers participating in the Medicare pro-  
24 gram under title XVIII of the Social Security Act.



1       “(c) *NONCOMPLIANCE; UNSATISFACTORY PERFORM-*  
2 *ANCE.*—If, as a result of the evaluations conducted under  
3 this section, the Secretary determines that an Urban Indian  
4 Organization has not complied with the requirements of a  
5 grant or complied with or satisfactorily performed a con-  
6 tract under section 503, the Secretary shall, prior to renew-  
7 ing such contract or grant, attempt to resolve with the orga-  
8 nization the areas of noncompliance or unsatisfactory per-  
9 formance and modify the contract or grant to prevent future  
10 occurrences of noncompliance or unsatisfactory perform-  
11 ance. If the Secretary determines that the noncompliance  
12 or unsatisfactory performance cannot be resolved and pre-  
13 vented in the future, the Secretary shall not renew the con-  
14 tract or grant with the organization and is authorized to  
15 enter into a contract or make a grant under section 503  
16 with another Urban Indian Organization which is situated  
17 in the same Urban Center as the Urban Indian Organiza-  
18 tion whose contract or grant is not renewed under this sec-  
19 tion.

20       “(d) *CONSIDERATIONS FOR RENEWALS.*—In deter-  
21 mining whether to renew a contract or grant with an Urban  
22 Indian Organization under section 503 which has com-  
23 pleted performance of a contract or grant under section 504,  
24 the Secretary shall review the records of the Urban Indian  
25 Organization, the reports submitted under section 507, and

1 shall consider the results of the onsite evaluations or accred-  
2 itations under subsection (b).

3 **"SEC. 506. OTHER CONTRACT AND GRANT REQUIREMENTS.**

4       “(a) *PROCUREMENT*.—Contracts with Urban Indian  
5 Organizations entered into pursuant to this title shall be  
6 in accordance with all Federal contracting laws and regula-  
7 tions relating to procurement except that in the discretion  
8 of the Secretary, such contracts may be negotiated without  
9 advertising and need not conform to the provisions of sec-  
10 tions 1304 and 3131 through 3133 of title 40, United States  
11 Code.

12       “(b) *PAYMENTS UNDER CONTRACTS OR GRANTS*.—

13               “(1) *IN GENERAL*.—Payments under any con-  
14 tracts or grants pursuant to this title, notwith-  
15 standing any term or condition of such contract or  
16 grant—

17               “(A) may be made in a single advance pay-  
18 ment by the Secretary to the Urban Indian Or-  
19 ganization by no later than the end of the first  
20 30 days of the funding period with respect to  
21 which the payments apply, unless the Secretary  
22 determines through an evaluation under section  
23 505 that the organization is not capable of ad-  
24 ministering such a single advance payment; and

1           “(B) if any portion thereof is unexpended  
 2           by the Urban Indian Organization during the  
 3           funding period with respect to which the pay-  
 4           ments initially apply, shall be carried forward  
 5           for expenditure with respect to allowable or re-  
 6           imbursable costs incurred by the organization  
 7           during 1 or more subsequent funding periods  
 8           without additional justification or documenta-  
 9           tion by the organization as a condition of car-  
 10          rying forward the availability for expenditure of  
 11          such funds.

12           “(2) SEMIANNUAL AND QUARTERLY PAYMENTS  
 13          AND REIMBURSEMENTS.—If the Secretary determines  
 14          under paragraph (1)(A) that an Urban Indian Orga-  
 15          nization is not capable of administering an entire  
 16          single advance payment, on request of the Urban In-  
 17          dian Organization, the payments may be made—

18           “(A) in semiannual or quarterly payments  
 19           by not later than 30 days after the date on which  
 20           the funding period with respect to which the  
 21           payments apply begins; or

22           “(B) by way of reimbursement.

23           “(c) REVISION OR AMENDMENT OF CONTRACTS.—Not-  
 24          withstanding any provision of law to the contrary, the Sec-  
 25          retary may, at the request and consent of an Urban Indian

1 Organization, revise or amend any contract entered into  
2 by the Secretary with such organization under this title as  
3 necessary to carry out the purposes of this title.

4 “(d) FAIR AND UNIFORM SERVICES AND ASSIST-  
5 ANCE.—Contracts with or grants to Urban Indian Organi-  
6 zations and regulations adopted pursuant to this title shall  
7 include provisions to assure the fair and uniform provision  
8 to Urban Indians of services and assistance under such con-  
9 tracts or grants by such organizations.

10 **“SEC. 507. REPORTS AND RECORDS.**

11 “(a) REPORTS.—

12 “(1) IN GENERAL.—For each fiscal year during  
13 which an Urban Indian Organization receives or ex-  
14 pends funds pursuant to a contract entered into or a  
15 grant received pursuant to this title, such Urban In-  
16 dian Organization shall submit to the Secretary not  
17 more frequently than every 6 months, a report that  
18 includes the following:

19 “(A) In the case of a contract or grant  
20 under section 503, recommendations pursuant to  
21 section 503(a)(5).

22 “(B) Information on activities conducted by  
23 the organization pursuant to the contract or  
24 grant.

1           “(C) *An accounting of the amounts and*  
2           *purpose for which Federal funds were expended.*

3           “(D) *A minimum set of data, using uni-*  
4           *formly defined elements, as specified by the Sec-*  
5           *retary after consultation with Urban Indian Or-*  
6           *ganizations.*

7           “(2) *HEALTH STATUS AND SERVICES.—*

8           “(A) *IN GENERAL.—Not later than 18*  
9           *months after the date of enactment of the Indian*  
10          *Health Care Improvement Act Amendments of*  
11          *2007, the Secretary, acting through the Service,*  
12          *shall submit to Congress a report evaluating—*

13               “(i) *the health status of Urban Indi-*  
14               *ans;*

15               “(ii) *the services provided to Indians*  
16               *pursuant to this title; and*

17               “(iii) *areas of unmet needs in the de-*  
18               *livery of health services to Urban Indians.*

19           “(B) *CONSULTATION AND CONTRACTS.—In*  
20          *preparing the report under paragraph (1), the*  
21          *Secretary—*

22               “(i) *shall consult with Urban Indian*  
23               *Organizations; and*

24               “(ii) *may enter into a contract with a*  
25               *national organization representing Urban*



Indian Organizations to conduct any aspect  
of the report.

“(b) *AUDIT.*—The reports and records of the Urban Indian Organization with respect to a contract or grant under this title shall be subject to audit by the Secretary and the Comptroller General of the United States.

“(c) *COSTS OF AUDITS.*—The Secretary shall allow as a cost of any contract or grant entered into or awarded under section 502 or 503 the cost of an annual independent financial audit conducted by—

“(1) a certified public accountant; or

“(2) a certified public accounting firm qualified to conduct Federal compliance audits.

**“SEC. 508. LIMITATION ON CONTRACT AUTHORITY.**

“The authority of the Secretary to enter into contracts or to award grants under this title shall be to the extent, and in an amount, provided for in appropriation Acts.

**“SEC. 509. FACILITIES.**

“(a) *GRANTS.*—The Secretary, acting through the Service, may make grants to contractors or grant recipients under this title for the lease, purchase, renovation, construction, or expansion of facilities, including leased facilities, in order to assist such contractors or grant recipients in complying with applicable licensure or certification requirements.

1       “(b) *LOAN FUND STUDY.*—The Secretary, acting  
2 through the Service, may carry out a study to determine  
3 the feasibility of establishing a loan fund to provide to  
4 Urban Indian Organizations direct loans or guarantees for  
5 loans for the construction of health care facilities in a man-  
6 ner consistent with section 309, including by submitting a  
7 report in accordance with subsection (c) of that section.

8       **“SEC. 510. DIVISION OF URBAN INDIAN HEALTH.**

9       *“There is established within the Service a Division of*  
10 *Urban Indian Health, which shall be responsible for—*

11               *“(1) carrying out the provisions of this title;*

12               *“(2) providing central oversight of the programs*  
13 *and services authorized under this title; and*

14               *“(3) providing technical assistance to Urban In-*  
15 *dian Organizations.*

16       **“SEC. 511. GRANTS FOR ALCOHOL AND SUBSTANCE ABUSE-**  
17 **RELATED SERVICES.**

18       “(a) *GRANTS AUTHORIZED.*—The Secretary, acting  
19 through the Service, may make grants for the provision of  
20 health-related services in prevention of, treatment of, reha-  
21 bilitation of, or school- and community-based education re-  
22 garding, alcohol and substance abuse in Urban Centers to  
23 those Urban Indian Organizations with which the Sec-  
24 retary has entered into a contract under this title or under  
25 section 201.

1       “(b) *GOALS.*—Each grant made pursuant to subsection  
2 (a) shall set forth the goals to be accomplished pursuant  
3 to the grant. The goals shall be specific to each grant as  
4 agreed to between the Secretary and the grantee.

5       “(c) *CRITERIA.*—The Secretary shall establish criteria  
6 for the grants made under subsection (a), including criteria  
7 relating to the following:

8           “(1) *The size of the Urban Indian population.*

9           “(2) *Capability of the organization to adequately*  
10 *perform the activities required under the grant.*

11           “(3) *Satisfactory performance standards for the*  
12 *organization in meeting the goals set forth in such*  
13 *grant. The standards shall be negotiated and agreed*  
14 *to between the Secretary and the grantee on a grant-*  
15 *by-grant basis.*

16           “(4) *Identification of the need for services.*

17       “(d) *ALLOCATION OF GRANTS.*—The Secretary shall  
18 develop a methodology for allocating grants made pursuant  
19 to this section based on the criteria established pursuant  
20 to subsection (c).

21       “(e) *GRANTS SUBJECT TO CRITERIA.*—Any grant re-  
22 ceived by an Urban Indian Organization under this Act  
23 for substance abuse prevention, treatment, and rehabilita-  
24 tion shall be subject to the criteria set forth in subsection  
25 (c).

1 **"SEC. 512. TREATMENT OF CERTAIN DEMONSTRATION**  
2 **PROJECTS.**

3 "Notwithstanding any other provision of law, the  
4 Tulsa Clinic and Oklahoma City Clinic demonstration  
5 projects shall—

6 "(1) be permanent programs within the Service's  
7 direct care program;

8 "(2) continue to be treated as Service Units and  
9 Operating Units in the allocation of resources and co-  
10 ordination of care; and

11 "(3) continue to meet the requirements and defi-  
12 nitions of an Urban Indian Organization in this Act,  
13 and shall not be subject to the provisions of the In-  
14 dian Self-Determination and Education Assistance  
15 Act (25 U.S.C. 450 et seq.).

16 **"SEC. 513. URBAN NIAAA TRANSFERRED PROGRAMS.**

17 "(a) GRANTS AND CONTRACTS.—The Secretary,  
18 through the Division of Urban Indian Health, shall make  
19 grants or enter into contracts with Urban Indian Organiza-  
20 tions, to take effect not later than September 30, 2010, for  
21 the administration of Urban Indian alcohol programs that  
22 were originally established under the National Institute on  
23 Alcoholism and Alcohol Abuse (hereafter in this section re-  
24 ferred to as 'NIAAA') and transferred to the Service.

25 "(b) USE OF FUNDS.—Grants provided or contracts  
26 entered into under this section shall be used to provide sup-

1 port for the continuation of alcohol prevention and treat-  
 2 ment services for Urban Indian populations and such other  
 3 objectives as are agreed upon between the Service and a re-  
 4 cipient of a grant or contract under this section.

5 “(c) *ELIGIBILITY.*—Urban Indian Organizations that  
 6 operate Indian alcohol programs originally funded under  
 7 the NIAAA and subsequently transferred to the Service are  
 8 eligible for grants or contracts under this section.

9 “(d) *REPORT.*—The Secretary shall evaluate and re-  
 10 port to Congress on the activities of programs funded under  
 11 this section not less than every 5 years.

12 **“SEC. 514. CONSULTATION WITH URBAN INDIAN ORGANIZA-**  
 13 **TIONS.**

14 “(a) *IN GENERAL.*—The Secretary shall ensure that  
 15 the Service consults, to the greatest extent practicable, with  
 16 Urban Indian Organizations.

17 “(b) *DEFINITION OF CONSULTATION.*—For purposes of  
 18 subsection (a), consultation is the open and free exchange  
 19 of information and opinions which leads to mutual under-  
 20 standing and comprehension and which emphasizes trust,  
 21 respect, and shared responsibility.

22 **“SEC. 515. URBAN YOUTH TREATMENT CENTER DEM-**  
 23 **ONSTRATION.**

24 “(a) *CONSTRUCTION AND OPERATION.*—The Secretary,  
 25 acting through the Service, through grant or contract, is



1 authorized to fund the construction and operation of at least  
2 2 residential treatment centers in each State described in  
3 subsection (b) to demonstrate the provision of alcohol and  
4 substance abuse treatment services to Urban Indian youth  
5 in a culturally competent residential setting.

6 “(b) *DEFINITION OF STATE.*—A State described in this  
7 subsection is a State in which—

8 “(1) there resides Urban Indian youth with need  
9 for alcohol and substance abuse treatment services in  
10 a residential setting; and

11 “(2) there is a significant shortage of culturally  
12 competent residential treatment services for Urban  
13 Indian youth.

14 **“SEC. 516. GRANTS FOR DIABETES PREVENTION, TREAT-**  
15 **MENT, AND CONTROL.**

16 “(a) *GRANTS AUTHORIZED.*—The Secretary may  
17 make grants to those Urban Indian Organizations that have  
18 entered into a contract or have received a grant under this  
19 title for the provision of services for the prevention and  
20 treatment of, and control of the complications resulting  
21 from, diabetes among Urban Indians.

22 “(b) *GOALS.*—Each grant made pursuant to subsection  
23 (a) shall set forth the goals to be accomplished under the  
24 grant. The goals shall be specific to each grant as agreed  
25 to between the Secretary and the grantee.

1       “(c) *ESTABLISHMENT OF CRITERIA.*—The Secretary  
2   *shall establish criteria for the grants made under subsection*  
3   *(a) relating to—*

4               “(1) *the size and location of the Urban Indian*  
5       *population to be served;*

6               “(2) *the need for prevention of and treatment of,*  
7       *and control of the complications resulting from, dia-*  
8       *betes among the Urban Indian population to be*  
9       *served;*

10              “(3) *performance standards for the organization*  
11       *in meeting the goals set forth in such grant that are*  
12       *negotiated and agreed to by the Secretary and the*  
13       *grantee;*

14              “(4) *the capability of the organization to ade-*  
15       *quately perform the activities required under the*  
16       *grant; and*

17              “(5) *the willingness of the organization to col-*  
18       *laborate with the registry, if any, established by the*  
19       *Secretary under section 204(e) in the Area Office of*  
20       *the Service in which the organization is located.*

21       “(d) *FUNDS SUBJECT TO CRITERIA.*—Any funds re-  
22   *ceived by an Urban Indian Organization under this Act*  
23   *for the prevention, treatment, and control of diabetes among*  
24   *Urban Indians shall be subject to the criteria developed by*  
25   *the Secretary under subsection (c).*

1 **“SEC. 517. COMMUNITY HEALTH REPRESENTATIVES.**

2       *“The Secretary, acting through the Service, may enter*  
3 *into contracts with, and make grants to, Urban Indian Or-*  
4 *ganizations for the employment of Indians trained as health*  
5 *service providers through the Community Health Represent-*  
6 *atives Program under section 109 in the provision of health*  
7 *care, health promotion, and disease prevention services to*  
8 *Urban Indians.*

9 **“SEC. 518. EFFECTIVE DATE.**

10       *“The amendments made by the Indian Health Care*  
11 *Improvement Act Amendments of 2007 to this title shall*  
12 *take effect beginning on the date of enactment of that Act,*  
13 *regardless of whether the Secretary has promulgated regula-*  
14 *tions implementing such amendments.*

15 **“SEC. 519. ELIGIBILITY FOR SERVICES.**

16       *“Urban Indians shall be eligible for, and the ultimate*  
17 *beneficiaries of, health care or referral services provided*  
18 *pursuant to this title.*

19 **“SEC. 520. AUTHORIZATION OF APPROPRIATIONS.**

20       *“There are authorized to be appropriated such sums*  
21 *as may be necessary for each fiscal year through fiscal year*  
22 *2017 to carry out this title.*

## **“TITLE VI—ORGANIZATIONAL IMPROVEMENTS**

### **“SEC. 601. ESTABLISHMENT OF THE INDIAN HEALTH SERVICE AS AN AGENCY OF THE PUBLIC HEALTH SERVICE.**

**“(a) ESTABLISHMENT.—**

**“(1) IN GENERAL.—***In order to more effectively and efficiently carry out the responsibilities, authorities, and functions of the United States to provide health care services to Indians and Indian Tribes, as are or may be hereafter provided by Federal statute or treaties, there is established within the Public Health Service of the Department the Indian Health Service.*

**“(2) ASSISTANT SECRETARY OF INDIAN HEALTH.—***The Service shall be administered by an Assistant Secretary of Indian Health, who shall be appointed by the President, by and with the advice and consent of the Senate. The Assistant Secretary shall report to the Secretary. Effective with respect to an individual appointed by the President, by and with the advice and consent of the Senate, after January 1, 2007, the term of service of the Assistant Secretary shall be 4 years. An Assistant Secretary may serve more than 1 term.*

1           “(3) *INCUMBENT.*—*The individual serving in the*  
2           *position of Director of the Service on the day before*  
3           *the date of enactment of the Indian Health Care Im-*  
4           *provement Act Amendments of 2007 shall serve as As-*  
5           *stant Secretary.*

6           “(4) *ADVOCACY AND CONSULTATION.*—*The posi-*  
7           *tion of Assistant Secretary is established to, in a*  
8           *manner consistent with the government-to-government*  
9           *relationship between the United States and Indian*  
10          *Tribes—*

11                 “(A) *facilitate advocacy for the development*  
12                 *of appropriate Indian health policy; and*

13                 “(B) *promote consultation on matters relat-*  
14                 *ing to Indian health.*

15          “(b) *AGENCY.*—*The Service shall be an agency within*  
16          *the Public Health Service of the Department, and shall not*  
17          *be an office, component, or unit of any other agency of the*  
18          *Department.*

19          “(c) *DUTIES.*—*The Assistant Secretary shall—*

20                 “(1) *perform all functions that were, on the day*  
21                 *before the date of enactment of the Indian Health*  
22                 *Care Improvement Act Amendments of 2007, carried*  
23                 *out by or under the direction of the individual serv-*  
24                 *ing as Director of the Service on that day;*



1           “(2) perform all functions of the Secretary relat-  
2       ing to the maintenance and operation of hospital and  
3       health facilities for Indians and the planning for, and  
4       provision and utilization of, health services for Indi-  
5       ans;

6           “(3) administer all health programs under which  
7       health care is provided to Indians based upon their  
8       status as Indians which are administered by the Sec-  
9       retary, including programs under—

10           “(A) this Act;

11           “(B) the Act of November 2, 1921 (25  
12       U.S.C. 13);

13           “(C) the Act of August 5, 1954 (42 U.S.C.  
14       2001 et seq.);

15           “(D) the Act of August 16, 1957 (42 U.S.C.  
16       2005 et seq.); and

17           “(E) the Indian Self-Determination and  
18       Education Assistance Act (25 U.S.C. 450 et  
19       seq.);

20           “(4) administer all scholarship and loan func-  
21       tions carried out under title I;

22           “(5) report directly to the Secretary concerning  
23       all policy- and budget-related matters affecting In-  
24       dian health;

1           “(6) collaborate with the Assistant Secretary for  
2       *Health* concerning appropriate matters of Indian  
3       *health* that affect the agencies of the *Public Health*  
4       *Service*;

5           “(7) advise each Assistant Secretary of the *De-*  
6       *partment* concerning matters of Indian *health* with  
7       *respect* to which that Assistant Secretary has *author-*  
8       *ity* and *responsibility*;

9           “(8) advise the heads of other agencies and *pro-*  
10      *grams* of the *Department* concerning matters of *In-*  
11      *dian health* with *respect* to which those heads have  
12      *authority* and *responsibility*;

13          “(9) coordinate the activities of the *Department*  
14      concerning matters of Indian *health*; and

15          “(10) perform such other functions as the *Sec-*  
16      *retary* may designate.

17      “(d) *AUTHORITY*.—

18          “(1) *IN GENERAL*.—The *Secretary*, acting  
19      through the Assistant Secretary, shall have the *au-*  
20      *thority*—

21          “(A) except to the extent provided for in  
22      paragraph (2), to appoint and compensate em-  
23      ployees for the *Service* in accordance with title  
24      5, *United States Code*;

“(B) to enter into contracts for the procurement of goods and services to carry out the functions of the Service; and

“(C) to manage, expend, and obligate all funds appropriated for the Service.

“(2) *PERSONNEL ACTIONS*.—Notwithstanding any other provision of law, the provisions of section 12 of the Act of June 18, 1934 (48 Stat. 986; 25 U.S.C. 472), shall apply to all personnel actions taken with respect to new positions created within the Service as a result of its establishment under subsection (a).

“(e) *REFERENCES*.—Any reference to the Director of the Indian Health Service in any other Federal law, Executive order, rule, regulation, or delegation of authority, or in any document of or relating to the Director of the Indian Health Service, shall be deemed to refer to the Assistant Secretary.

**“SEC. 602. AUTOMATED MANAGEMENT INFORMATION SYSTEM.**

“(a) *ESTABLISHMENT*.—

“(1) *IN GENERAL*.—The Secretary shall establish an automated management information system for the Service.

1           “(2) *REQUIREMENTS OF SYSTEM.*—*The informa-*  
2           *tion system established under paragraph (1) shall in-*  
3           *clude—*

4                     “(A) *a financial management system;*

5                     “(B) *a patient care information system for*  
6           *each area served by the Service;*

7                     “(C) *a privacy component that protects the*  
8           *privacy of patient information held by, or on be-*  
9           *half of, the Service;*

10                    “(D) *a services-based cost accounting com-*  
11           *ponent that provides estimates of the costs associ-*  
12           *ated with the provision of specific medical treat-*  
13           *ments or services in each Area office of the Serv-*  
14           *ice;*

15                    “(E) *an interface mechanism for patient*  
16           *billing and accounts receivable system; and*

17                    “(F) *a training component.*

18           “(b) *PROVISION OF SYSTEMS TO TRIBES AND ORGANI-*  
19           *ZATIONS.*—*The Secretary shall provide each Tribal Health*  
20           *Program automated management information systems*  
21           *which—*

22                    “(1) *meet the management information needs of*  
23           *such Tribal Health Program with respect to the treat-*  
24           *ment by the Tribal Health Program of patients of the*  
25           *Service; and*

“(2) meet the management information needs of the Service.

“(c) ACCESS TO RECORDS.—Notwithstanding any other provision of law, each patient shall have reasonable access to the medical or health records of such patient which are held by, or on behalf of, the Service.

“(d) AUTHORITY TO ENHANCE INFORMATION TECHNOLOGY.—The Secretary, acting through the Assistant Secretary, shall have the authority to enter into contracts, agreements, or joint ventures with other Federal agencies, States, private and nonprofit organizations, for the purpose of enhancing information technology in Indian Health Programs and facilities.

**“SEC. 603. AUTHORIZATION OF APPROPRIATIONS.**

“There is authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 to carry out this title.

**“TITLE VII—BEHAVIORAL  
HEALTH PROGRAMS**

**“SEC. 701. BEHAVIORAL HEALTH PREVENTION AND TREATMENT SERVICES.**

“(a) PURPOSES.—The purposes of this section are as follows:

“(1) To authorize and direct the Secretary, acting through the Service, Indian Tribes, Tribal Orga-



1       nizations, and Urban Indian Organizations, to de-  
2       velop a comprehensive behavioral health prevention  
3       and treatment program which emphasizes collabora-  
4       tion among alcohol and substance abuse, social serv-  
5       ices, and mental health programs.

6               “(2) To provide information, direction, and  
7       guidance relating to mental illness and dysfunction  
8       and self-destructive behavior, including child abuse  
9       and family violence, to those Federal, tribal, State,  
10      and local agencies responsible for programs in Indian  
11      communities in areas of health care, education, social  
12      services, child and family welfare, alcohol and sub-  
13      stance abuse, law enforcement, and judicial services.

14             “(3) To assist Indian Tribes to identify services  
15      and resources available to address mental illness and  
16      dysfunctional and self-destructive behavior.

17             “(4) To provide authority and opportunities for  
18      Indian Tribes and Tribal Organizations to develop,  
19      implement, and coordinate with community-based  
20      programs which include identification, prevention,  
21      education, referral, and treatment services, including  
22      through multidisciplinary resource teams.

23             “(5) To ensure that Indians, as citizens of the  
24      United States and of the States in which they reside,

1     *have the same access to behavioral health services to*  
2     *which all citizens have access.*

3             *“(6) To modify or supplement existing programs*  
4     *and authorities in the areas identified in paragraph*  
5     *(2).*

6     *“(b) PLANS.—*

7             *“(1) DEVELOPMENT.—The Secretary, acting*  
8     *through the Service, Indian Tribes, Tribal Organiza-*  
9     *tions, and Urban Indian Organizations, shall encour-*  
10    *age Indian Tribes and Tribal Organizations to de-*  
11    *velop tribal plans, and Urban Indian Organizations*  
12    *to develop local plans, and for all such groups to par-*  
13    *ticipate in developing areawide plans for Indian Be-*  
14    *havioral Health Services. The plans shall include, to*  
15    *the extent feasible, the following components:*

16             *“(A) An assessment of the scope of alcohol*  
17     *or other substance abuse, mental illness, and dys-*  
18     *functional and self-destructive behavior, includ-*  
19     *ing suicide, child abuse, and family violence,*  
20     *among Indians, including—*

21             *“(i) the number of Indians served who*  
22     *are directly or indirectly affected by such*  
23     *illness or behavior; or*

1                   “(ii) an estimate of the financial and  
2                   human cost attributable to such illness or  
3                   behavior.

4                   “(B) An assessment of the existing and ad-  
5                   ditional resources necessary for the prevention  
6                   and treatment of such illness and behavior, in-  
7                   cluding an assessment of the progress toward  
8                   achieving the availability of the full continuum  
9                   of care described in subsection (c).

10                  “(C) An estimate of the additional funding  
11                  needed by the Service, Indian Tribes, Tribal Or-  
12                  ganizations, and Urban Indian Organizations to  
13                  meet their responsibilities under the plans.

14                  “(2) NATIONAL CLEARINGHOUSE.—The Sec-  
15                  retary, acting through the Service, shall coordinate  
16                  with existing national clearinghouses and informa-  
17                  tion centers to include at the clearinghouses and cen-  
18                  ters plans and reports on the outcomes of such plans  
19                  developed by Indian Tribes, Tribal Organizations,  
20                  Urban Indian Organizations, and Service Areas re-  
21                  lating to behavioral health. The Secretary shall ensure  
22                  access to these plans and outcomes by any Indian  
23                  Tribe, Tribal Organization, Urban Indian Organiza-  
24                  tion, or the Service.

1           “(3) *TECHNICAL ASSISTANCE.*—The Secretary  
2       shall provide technical assistance to Indian Tribes,  
3       Tribal Organizations, and Urban Indian Organiza-  
4       tions in preparation of plans under this section and  
5       in developing standards of care that may be used and  
6       adopted locally.

7           “(c) *PROGRAMS.*—The Secretary, acting through the  
8       Service, Indian Tribes, and Tribal Organizations, shall  
9       provide, to the extent feasible and if funding is available,  
10      programs including the following:

11           “(1) *COMPREHENSIVE CARE.*—A comprehensive  
12      continuum of behavioral health care which provides—

13           “(A) community-based prevention, interven-  
14      tion, outpatient, and behavioral health aftercare;

15           “(B) detoxification (social and medical);

16           “(C) acute hospitalization;

17           “(D) intensive outpatient/day treatment;

18           “(E) residential treatment;

19           “(F) transitional living for those needing a  
20      temporary, stable living environment that is  
21      supportive of treatment and recovery goals;

22           “(G) emergency shelter;

23           “(H) intensive case management; and

24           “(I) diagnostic services.

1           “(2) *CHILD CARE*.—Behavioral health services  
2           for Indians from birth through age 17, including—

3                   “(A) preschool and school age fetal alcohol  
4                   disorder services, including assessment and be-  
5                   havioral intervention;

6                   “(B) mental health and substance abuse  
7                   services (emotional, organic, alcohol, drug, inhal-  
8                   ant, and tobacco);

9                   “(C) identification and treatment of co-oc-  
10                  curring disorders and comorbidity;

11                  “(D) prevention of alcohol, drug, inhalant,  
12                  and tobacco use;

13                  “(E) early intervention, treatment, and  
14                  aftercare;

15                  “(F) promotion of healthy approaches to  
16                  risk and safety issues; and

17                  “(G) identification and treatment of neglect  
18                  and physical, mental, and sexual abuse.

19           “(3) *ADULT CARE*.—Behavioral health services  
20           for Indians from age 18 through 55, including—

21                   “(A) early intervention, treatment, and  
22                   aftercare;

23                   “(B) mental health and substance abuse  
24                   services (emotional, alcohol, drug, inhalant, and  
25                   tobacco), including sex specific services;



1           “(C) identification and treatment of co-oc-  
2           curring disorders (dual diagnosis) and comor-  
3           bidity;

4           “(D) promotion of healthy approaches for  
5           risk-related behavior;

6           “(E) treatment services for women at risk of  
7           giving birth to a child with a fetal alcohol dis-  
8           order; and

9           “(F) sex specific treatment for sexual as-  
10          sault and domestic violence.

11          “(4) FAMILY CARE.—Behavioral health services  
12          for families, including—

13           “(A) early intervention, treatment, and  
14           aftercare for affected families;

15           “(B) treatment for sexual assault and do-  
16           mestic violence; and

17           “(C) promotion of healthy approaches relat-  
18           ing to parenting, domestic violence, and other  
19           abuse issues.

20          “(5) ELDER CARE.—Behavioral health services  
21          for Indians 56 years of age and older, including—

22           “(A) early intervention, treatment, and  
23           aftercare;

1           “(B) mental health and substance abuse  
2           services (emotional, alcohol, drug, inhalant, and  
3           tobacco), including sex specific services;

4           “(C) identification and treatment of co-oc-  
5           curring disorders (dual diagnosis) and comor-  
6           bidity;

7           “(D) promotion of healthy approaches to  
8           managing conditions related to aging;

9           “(E) sex specific treatment for sexual as-  
10          sault, domestic violence, neglect, physical and  
11          mental abuse and exploitation; and

12          “(F) identification and treatment of demen-  
13          tias regardless of cause.

14          “(d) COMMUNITY BEHAVIORAL HEALTH PLAN.—

15               “(1) ESTABLISHMENT.—The governing body of  
16          any Indian Tribe, Tribal Organization, or Urban In-  
17          dian Organization may adopt a resolution for the es-  
18          tablishment of a community behavioral health plan  
19          providing for the identification and coordination of  
20          available resources and programs to identify, prevent,  
21          or treat substance abuse, mental illness, or dysfunc-  
22          tional and self-destructive behavior, including child  
23          abuse and family violence, among its members or its  
24          service population. This plan should include behav-

ioral health services, social services, intensive outpatient services, and continuing aftercare.

“(2) *TECHNICAL ASSISTANCE.*—At the request of an Indian Tribe, Tribal Organization, or Urban Indian Organization, the Bureau of Indian Affairs and the Service shall cooperate with and provide technical assistance to the Indian Tribe, Tribal Organization, or Urban Indian Organization in the development and implementation of such plan.

“(3) *FUNDING.*—The Secretary, acting through the Service, may make funding available to Indian Tribes and Tribal Organizations which adopt a resolution pursuant to paragraph (1) to obtain technical assistance for the development of a community behavioral health plan and to provide administrative support in the implementation of such plan.

“(e) *COORDINATION FOR AVAILABILITY OF SERVICES.*—The Secretary, acting through the Service, Indian Tribes, Tribal Organizations, and Urban Indian Organizations, shall coordinate behavioral health planning, to the extent feasible, with other Federal agencies and with State agencies, to encourage comprehensive behavioral health services for Indians regardless of their place of residence.

“(f) *MENTAL HEALTH CARE NEED ASSESSMENT.*—Not later than 1 year after the date of enactment of the

1 *Indian Health Care Improvement Act Amendments of 2007,*  
2 *the Secretary, acting through the Service, shall make an as-*  
3 *essment of the need for inpatient mental health care among*  
4 *Indians and the availability and cost of inpatient mental*  
5 *health facilities which can meet such need. In making such*  
6 *assessment, the Secretary shall consider the possible conver-*  
7 *sion of existing, underused Service hospital beds into psy-*  
8 *chiatric units to meet such need.*

9 **"SEC. 702. MEMORANDA OF AGREEMENT WITH THE DEPART-**  
10 **MENT OF THE INTERIOR.**

11       “(a) *CONTENTS.*—Not later than 12 months after the  
12 *date of enactment of the Indian Health Care Improvement*  
13 *Act Amendments of 2007, the Secretary, acting through the*  
14 *Service, and the Secretary of the Interior shall develop and*  
15 *enter into a memoranda of agreement, or review and update*  
16 *any existing memoranda of agreement, as required by sec-*  
17 *tion 4205 of the Indian Alcohol and Substance Abuse Pre-*  
18 *vention and Treatment Act of 1986 (25 U.S.C. 2411) under*  
19 *which the Secretaries address the following:*

20               “(1) *The scope and nature of mental illness and*  
21 *dysfunctional and self-destructive behavior, including*  
22 *child abuse and family violence, among Indians.*

23               “(2) *The existing Federal, tribal, State, local,*  
24 *and private services, resources, and programs avail-*  
25 *able to provide behavioral health services for Indians.*

1           “(3) The unmet need for additional services, re-  
2           sources, and programs necessary to meet the needs  
3           identified pursuant to paragraph (1).

4           “(4)(A) The right of Indians, as citizens of the  
5           United States and of the States in which they reside,  
6           to have access to behavioral health services to which  
7           all citizens have access.

8           “(B) The right of Indians to participate in, and  
9           receive the benefit of, such services.

10          “(C) The actions necessary to protect the exercise  
11          of such right.

12          “(5) The responsibilities of the Bureau of Indian  
13          Affairs and the Service, including mental illness iden-  
14          tification, prevention, education, referral, and treat-  
15          ment services (including services through multidisci-  
16          plinary resource teams), at the central, area, and  
17          agency and Service Unit, Service Area, and head-  
18          quarters levels to address the problems identified in  
19          paragraph (1).

20          “(6) A strategy for the comprehensive coordina-  
21          tion of the behavioral health services provided by the  
22          Bureau of Indian Affairs and the Service to meet the  
23          problems identified pursuant to paragraph (1), in-  
24          cluding—



1           “(A) the coordination of alcohol and sub-  
2           stance abuse programs of the Service, the Bureau  
3           of Indian Affairs, and Indian Tribes and Tribal  
4           Organizations (developed under the Indian Alco-  
5           hol and Substance Abuse Prevention and Treat-  
6           ment Act of 1986 (25 U.S.C. 2401 et seq.)) with  
7           behavioral health initiatives pursuant to this  
8           Act, particularly with respect to the referral and  
9           treatment of dually diagnosed individuals re-  
10          quiring behavioral health and substance abuse  
11          treatment; and

12           “(B) ensuring that the Bureau of Indian  
13          Affairs and Service programs and services (in-  
14          cluding multidisciplinary resource teams) ad-  
15          dressing child abuse and family violence are co-  
16          ordinated with such non-Federal programs and  
17          services.

18           “(7) Directing appropriate officials of the Bu-  
19          reau of Indian Affairs and the Service, particularly  
20          at the agency and Service Unit levels, to cooperate  
21          fully with tribal requests made pursuant to commu-  
22          nity behavioral health plans adopted under section  
23          701(c) and section 4206 of the Indian Alcohol and  
24          Substance Abuse Prevention and Treatment Act of  
25          1986 (25 U.S.C. 2412).

1           “(8) *Providing for an annual review of such*  
2       *agreement by the Secretaries which shall be provided*  
3       *to Congress and Indian Tribes and Tribal Organiza-*  
4       *tions.*

5           “(b) *SPECIFIC PROVISIONS REQUIRED.—The memo-*  
6       *randa of agreement updated or entered into pursuant to*  
7       *subsection (a) shall include specific provisions pursuant to*  
8       *which the Service shall assume responsibility for—*

9           “(1) *the determination of the scope of the prob-*  
10       *lem of alcohol and substance abuse among Indians,*  
11       *including the number of Indians within the jurisdic-*  
12       *tion of the Service who are directly or indirectly af-*  
13       *ected by alcohol and substance abuse and the finan-*  
14       *cial and human cost;*

15           “(2) *an assessment of the existing and needed re-*  
16       *sources necessary for the prevention of alcohol and*  
17       *substance abuse and the treatment of Indians affected*  
18       *by alcohol and substance abuse; and*

19           “(3) *an estimate of the funding necessary to ade-*  
20       *quately support a program of prevention of alcohol*  
21       *and substance abuse and treatment of Indians affected*  
22       *by alcohol and substance abuse.*

23           “(c) *PUBLICATION.—Each memorandum of agreement*  
24       *entered into or renewed (and amendments or modifications*  
25       *thereto) under subsection (a) shall be published in the Fed-*

1 *eral Register. At the same time as publication in the Fed-*  
2 *eral Register, the Secretary shall provide a copy of such*  
3 *memoranda, amendment, or modification to each Indian*  
4 *Tribe, Tribal Organization, and Urban Indian Organiza-*  
5 *tion.*

6 **“SEC. 703. COMPREHENSIVE BEHAVIORAL HEALTH PREVEN-**  
7 **TION AND TREATMENT PROGRAM.**

8 “(a) *ESTABLISHMENT.*—

9 “(1) *IN GENERAL.*—The Secretary, acting  
10 *through the Service, Indian Tribes, and Tribal Orga-*  
11 *nizations, shall provide a program of comprehensive*  
12 *behavioral health, prevention, treatment, and*  
13 *aftercare, which shall include—*

14 “(A) *prevention, through educational inter-*  
15 *vention, in Indian communities;*

16 “(B) *acute detoxification, psychiatric hos-*  
17 *pitalization, residential, and intensive out-*  
18 *patient treatment;*

19 “(C) *community-based rehabilitation and*  
20 *aftercare;*

21 “(D) *community education and involve-*  
22 *ment, including extensive training of health care,*  
23 *educational, and community-based personnel;*

24 “(E) *specialized residential treatment pro-*  
25 *grams for high-risk populations, including preg-*

1       nant and postpartum women and their children;  
2       and

3               “(F) diagnostic services.

4               “(2) *TARGET POPULATIONS.*—The target popu-  
5       lation of such programs shall be members of Indian  
6       Tribes. Efforts to train and educate key members of  
7       the Indian community shall also target employees of  
8       health, education, judicial, law enforcement, legal,  
9       and social service programs.

10              “(b) *CONTRACT HEALTH SERVICES.*—

11              “(1) *IN GENERAL.*—The Secretary, acting  
12       through the Service, Indian Tribes, and Tribal Orga-  
13       nizations, may enter into contracts with public or  
14       private providers of behavioral health treatment serv-  
15       ices for the purpose of carrying out the program re-  
16       quired under subsection (a).

17              “(2) *PROVISION OF ASSISTANCE.*—In carrying  
18       out this subsection, the Secretary shall provide assist-  
19       ance to Indian Tribes and Tribal Organizations to  
20       develop criteria for the certification of behavioral  
21       health service providers and accreditation of service  
22       facilities which meet minimum standards for such  
23       services and facilities.

1   **“SEC. 704. MENTAL HEALTH TECHNICIAN PROGRAM.**

2           “(a) *IN GENERAL.*—Under the authority of the Act of  
3   November 2, 1921 (25 U.S.C. 13) (commonly known as the  
4   ‘Snyder Act’), the Secretary shall establish and maintain  
5   a mental health technician program within the Service  
6   which—

7           “(1) provides for the training of Indians as men-  
8   tal health technicians; and

9           “(2) employs such technicians in the provision of  
10   community-based mental health care that includes  
11   identification, prevention, education, referral, and  
12   treatment services.

13          “(b) *PARAPROFESSIONAL TRAINING.*—In carrying out  
14   subsection (a), the Secretary, acting through the Service, In-  
15   dian Tribes, and Tribal Organizations, shall provide high-  
16   standard paraprofessional training in mental health care  
17   necessary to provide quality care to the Indian communities  
18   to be served. Such training shall be based upon a cur-  
19   riculum developed or approved by the Secretary which com-  
20   bines education in the theory of mental health care with  
21   supervised practical experience in the provision of such  
22   care.

23          “(c) *SUPERVISION AND EVALUATION OF TECHNI-*  
24   *CIANS.*—The Secretary, acting through the Service, Indian  
25   Tribes, and Tribal Organizations, shall supervise and



1 *evaluate the mental health technicians in the training pro-*  
2 *gram.*

3       “(d) *TRADITIONAL HEALTH CARE PRACTICES.*—The  
4 *Secretary, acting through the Service, shall ensure that the*  
5 *program established pursuant to this subsection involves the*  
6 *use and promotion of the traditional health care practices*  
7 *of the Indian Tribes to be served.*

8 **“SEC. 705. LICENSING REQUIREMENT FOR MENTAL HEALTH**  
9 **CARE WORKERS.**

10       “(a) *IN GENERAL.*—Subject to the provisions of section  
11 *221, and except as provided in subsection (b), any indi-*  
12 *vidual employed as a psychologist, social worker, or mar-*  
13 *riage and family therapist for the purpose of providing*  
14 *mental health care services to Indians in a clinical setting*  
15 *under this Act is required to be licensed as a psychologist,*  
16 *social worker, or marriage and family therapist, respec-*  
17 *tively.*

18       “(b) *TRAINEES.*—An individual may be employed as  
19 *a trainee in psychology, social work, or marriage and fam-*  
20 *ily therapy to provide mental health care services described*  
21 *in subsection (a) if such individual—*

22               “(1) *works under the direct supervision of a li-*  
23 *censed psychologist, social worker, or marriage and*  
24 *family therapist, respectively;*

1           “(2) is enrolled in or has completed at least 2  
 2       years of course work at a post-secondary, accredited  
 3       education program for psychology, social work, mar-  
 4       riage and family therapy, or counseling; and

5           “(3) meets such other training, supervision, and  
 6       quality review requirements as the Secretary may es-  
 7       tablish.

8       **“SEC. 706. INDIAN WOMEN TREATMENT PROGRAMS.**

9           “(a) GRANTS.—The Secretary, consistent with section  
 10     701, may make grants to Indian Tribes, Tribal Organiza-  
 11     tions, and Urban Indian Organizations to develop and im-  
 12     plement a comprehensive behavioral health program of pre-  
 13     vention, intervention, treatment, and relapse prevention  
 14     services that specifically addresses the cultural, historical,  
 15     social, and child care needs of Indian women, regardless  
 16     of age.

17          “(b) USE OF GRANT FUNDS.—A grant made pursuant  
 18     to this section may be used to—

19               “(1) develop and provide community training,  
 20       education, and prevention programs for Indian  
 21       women relating to behavioral health issues, including  
 22       fetal alcohol disorders;

23               “(2) identify and provide psychological services,  
 24       counseling, advocacy, support, and relapse prevention  
 25       to Indian women and their families; and

“(3) develop prevention and intervention models for Indian women which incorporate traditional health care practices, cultural values, and community and family involvement.

“(c) **CRITERIA.**—The Secretary, in consultation with Indian Tribes and Tribal Organizations, shall establish criteria for the review and approval of applications and proposals for funding under this section.

“(d) **EARMARK OF CERTAIN FUNDS.**—Twenty percent of the funds appropriated pursuant to this section shall be used to make grants to Urban Indian Organizations.

**“SEC. 707. INDIAN YOUTH PROGRAM.**

“(a) **DETOXIFICATION AND REHABILITATION.**—The Secretary, acting through the Service, consistent with section 701, shall develop and implement a program for acute detoxification and treatment for Indian youths, including behavioral health services. The program shall include regional treatment centers designed to include detoxification and rehabilitation for both sexes on a referral basis and programs developed and implemented by Indian Tribes or Tribal Organizations at the local level under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.). Regional centers shall be integrated with the intake and rehabilitation programs based in the referring Indian community.

1       “(b) *ALCOHOL AND SUBSTANCE ABUSE TREATMENT*  
2 *CENTERS OR FACILITIES.*—

3       “(1) *ESTABLISHMENT.*—

4               “(A) *IN GENERAL.*—*The Secretary, acting*  
5 *through the Service, Indian Tribes, and Tribal*  
6 *Organizations, shall construct, renovate, or, as*  
7 *necessary, purchase, and appropriately staff and*  
8 *operate, at least 1 youth regional treatment cen-*  
9 *ter or treatment network in each area under the*  
10 *jurisdiction of an Area Office.*

11              “(B) *AREA OFFICE IN CALIFORNIA.*—*For*  
12 *the purposes of this subsection, the Area Office in*  
13 *California shall be considered to be 2 Area Of-*  
14 *fices, 1 office whose jurisdiction shall be consid-*  
15 *ered to encompass the northern area of the State*  
16 *of California, and 1 office whose jurisdiction*  
17 *shall be considered to encompass the remainder*  
18 *of the State of California for the purpose of im-*  
19 *plementing California treatment networks.*

20              “(2) *FUNDING.*—*For the purpose of staffing and*  
21 *operating such centers or facilities, funding shall be*  
22 *pursuant to the Act of November 2, 1921 (25 U.S.C.*  
23 *13).*

24              “(3) *LOCATION.*—*A youth treatment center con-*  
25 *structed or purchased under this subsection shall be*

constructed or purchased at a location within the area described in paragraph (1) agreed upon (by appropriate tribal resolution) by a majority of the Indian Tribes to be served by such center.

“(4) SPECIFIC PROVISION OF FUNDS.—

“(A) IN GENERAL.—Notwithstanding any other provision of this title, the Secretary may, from amounts authorized to be appropriated for the purposes of carrying out this section, make funds available to—

“(i) the Tanana Chiefs Conference, Incorporated, for the purpose of leasing, constructing, renovating, operating, and maintaining a residential youth treatment facility in Fairbanks, Alaska; and

“(ii) the Southeast Alaska Regional Health Corporation to staff and operate a residential youth treatment facility without regard to the proviso set forth in section 4(l) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b(l)).

“(B) PROVISION OF SERVICES TO ELIGIBLE YOUTHS.—Until additional residential youth treatment facilities are established in Alaska pursuant to this section, the facilities specified



1           in subparagraph (A) shall make every effort to  
2           provide services to all eligible Indian youths re-  
3           siding in Alaska.

4           “(c)   INTERMEDIATE   ADOLESCENT   BEHAVIORAL  
5   HEALTH SERVICES.—

6           “(1)   IN GENERAL.—The Secretary, acting  
7           through the Service, Indian Tribes, and Tribal Orga-  
8           nizations, may provide intermediate behavioral health  
9           services to Indian children and adolescents, includ-  
10          ing—

11                   “(A) pretreatment assistance;

12                   “(B) inpatient, outpatient, and aftercare  
13           services;

14                   “(C) emergency care;

15                   “(D) suicide prevention and crisis interven-  
16           tion; and

17                   “(E) prevention and treatment of mental  
18           illness and dysfunctional and self-destructive be-  
19           havior, including child abuse and family vio-  
20           lence.

21           “(2)   USE OF FUNDS.—Funds provided under  
22           this subsection may be used—

23                   “(A) to construct or renovate an existing  
24           health facility to provide intermediate behavioral  
25           health services;

1           “(B) to hire behavioral health professionals;

2           “(C) to staff, operate, and maintain an in-  
3       intermediate mental health facility, group home,  
4       sober housing, transitional housing or similar fa-  
5       cilities, or youth shelter where intermediate be-  
6       havioral health services are being provided;

7           “(D) to make renovations and hire appro-  
8       priate staff to convert existing hospital beds into  
9       adolescent psychiatric units; and

10          “(E) for intensive home- and community-  
11       based services.

12          “(3) CRITERIA.—The Secretary, acting through  
13       the Service, shall, in consultation with Indian Tribes  
14       and Tribal Organizations, establish criteria for the  
15       review and approval of applications or proposals for  
16       funding made available pursuant to this subsection.

17          “(d) FEDERALLY-OWNED STRUCTURES.—

18               “(1) IN GENERAL.—The Secretary, in consulta-  
19       tion with Indian Tribes and Tribal Organizations,  
20       shall—

21               “(A) identify and use, where appropriate,  
22       federally-owned structures suitable for local resi-  
23       dential or regional behavioral health treatment  
24       for Indian youths; and

1           “(B) establish guidelines for determining  
2           the suitability of any such federally-owned struc-  
3           ture to be used for local residential or regional  
4           behavioral health treatment for Indian youths.

5           “(2) *TERMS AND CONDITIONS FOR USE OF*  
6           *STRUCTURE.*—Any structure described in paragraph  
7           (1) may be used under such terms and conditions as  
8           may be agreed upon by the Secretary and the agency  
9           having responsibility for the structure and any In-  
10          dian Tribe or Tribal Organization operating the pro-  
11          gram.

12          “(e) *REHABILITATION AND AFTERCARE SERVICES.*—

13                 “(1) *IN GENERAL.*—The Secretary, Indian  
14                 Tribes, or Tribal Organizations, in cooperation with  
15                 the Secretary of the Interior, shall develop and imple-  
16                 ment within each Service Unit, community-based re-  
17                 habilitation and follow-up services for Indian youths  
18                 who are having significant behavioral health prob-  
19                 lems, and require long-term treatment, community re-  
20                 integration, and monitoring to support the Indian  
21                 youths after their return to their home community.

22                 “(2) *ADMINISTRATION.*—Services under para-  
23                 graph (1) shall be provided by trained staff within  
24                 the community who can assist the Indian youths in  
25                 their continuing development of self-image, positive.

1      *problem-solving skills, and nonalcohol or substance*  
2      *abusing behaviors. Such staff may include alcohol*  
3      *and substance abuse counselors, mental health profes-*  
4      *sionals, and other health professionals and para-*  
5      *professionals, including community health representa-*  
6      *tives.*

7      “(f) *INCLUSION OF FAMILY IN YOUTH TREATMENT*

8      *PROGRAM.—In providing the treatment and other services*  
9      *to Indian youths authorized by this section, the Secretary,*  
10     *acting through the Service, Indian Tribes, and Tribal Orga-*  
11     *nizations, shall provide for the inclusion of family members*  
12     *of such youths in the treatment programs or other services*  
13     *as may be appropriate. Not less than 10 percent of the funds*  
14     *appropriated for the purposes of carrying out subsection (e)*  
15     *shall be used for outpatient care of adult family members*  
16     *related to the treatment of an Indian youth under that sub-*  
17     *section.*

18     “(g) *MULTIDRUG ABUSE PROGRAM.—The Secretary,*

19     *acting through the Service, Indian Tribes, Tribal Organiza-*  
20     *tions, and Urban Indian Organizations, shall provide, con-*  
21     *sistent with section 701, programs and services to prevent*  
22     *and treat the abuse of multiple forms of substances, includ-*  
23     *ing alcohol, drugs, inhalants, and tobacco, among Indian*  
24     *youths residing in Indian communities, on or near reserva-*  
25     *tions, and in urban areas and provide appropriate mental*

1 *health services to address the incidence of mental illness*  
2 *among such youths.*

3       “(h) *INDIAN YOUTH MENTAL HEALTH.*—The Sec-  
4 *retary, acting through the Service, shall collect data for the*  
5 *report under section 801 with respect to—*

6               “(1) *the number of Indian youth who are being*  
7 *provided mental health services through the Service*  
8 *and Tribal Health Programs;*

9               “(2) *a description of, and costs associated with,*  
10 *the mental health services provided for Indian youth*  
11 *through the Service and Tribal Health Programs;*

12               “(3) *the number of youth referred to the Service*  
13 *or Tribal Health Programs for mental health services;*

14               “(4) *the number of Indian youth provided resi-*  
15 *dential treatment for mental health and behavioral*  
16 *problems through the Service and Tribal Health Pro-*  
17 *grams, reported separately for on- and off-reservation*  
18 *facilities; and*

19               “(5) *the costs of the services described in para-*  
20 *graph (4).*

21 **“SEC. 708. INDIAN YOUTH TELEMENTAL HEALTH DEM-**  
22 **ONSTRATION PROJECT.**

23       “(a) *PURPOSE.*—The purpose of this section is to au-  
24 *thorize the Secretary to carry out a demonstration project*  
25 *to test the use of telemental health services in suicide pre-*



vention, intervention and treatment of Indian youth, including through—

“(1) the use of psychotherapy, psychiatric assessments, diagnostic interviews, therapies for mental health conditions predisposing to suicide, and alcohol and substance abuse treatment;

“(2) the provision of clinical expertise to, consultation services with, and medical advice and training for frontline health care providers working with Indian youth;

“(3) training and related support for community leaders, family members and health and education workers who work with Indian youth;

“(4) the development of culturally-relevant educational materials on suicide; and

“(5) data collection and reporting.

“(b) *DEFINITIONS.*—For the purpose of this section, the following definitions shall apply:

“(1) *DEMONSTRATION PROJECT.*—The term ‘demonstration project’ means the Indian youth telemental health demonstration project authorized under subsection (c).

“(2) *TELEMENTAL HEALTH.*—The term ‘telemental health’ means the use of electronic information and telecommunications technologies to support long

1 distance mental health care, patient and professional-  
2 related education, public health, and health adminis-  
3 tration.

4 “(c) AUTHORIZATION.—

5 “(1) IN GENERAL.—The Secretary is authorized  
6 to award grants under the demonstration project for  
7 the provision of telemental health services to Indian  
8 youth who—

9 “(A) have expressed suicidal ideas;

10 “(B) have attempted suicide; or

11 “(C) have mental health conditions that in-  
12 crease or could increase the risk of suicide.

13 “(2) ELIGIBILITY FOR GRANTS.—Such grants  
14 shall be awarded to Indian Tribes and Tribal Organi-  
15 zations that operate 1 or more facilities—

16 “(A) located in Alaska and part of the Alas-  
17 ka Federal Health Care Access Network;

18 “(B) reporting active clinical telehealth ca-  
19 pabilities; or

20 “(C) offering school-based telemental health  
21 services relating to psychiatry to Indian youth.

22 “(3) GRANT PERIOD.—The Secretary shall  
23 award grants under this section for a period of up to  
24 4 years.

1           “(4) *AWARDING OF GRANTS.*—Not more than 5  
2       *grants shall be provided under paragraph (1), with*  
3       *priority consideration given to Indian Tribes and*  
4       *Tribal Organizations that—*

5           “(A) *serve a particular community or geo-*  
6       *graphic area where there is a demonstrated need*  
7       *to address Indian youth suicide;*

8           “(B) *enter in to collaborative partnerships*  
9       *with Indian Health Service or Tribal Health*  
10       *Programs or facilities to provide services under*  
11       *this demonstration project;*

12           “(C) *serve an isolated community or geo-*  
13       *graphic area which has limited or no access to*  
14       *behavioral health services; or*

15           “(D) *operate a detention facility at which*  
16       *Indian youth are detained.*

17       “(d) *USE OF FUNDS.*—

18           “(1) *IN GENERAL.*—An Indian Tribe or Tribal  
19       *Organization shall use a grant received under sub-*  
20       *section (c) for the following purposes:*

21           “(A) *To provide telemental health services*  
22       *to Indian youth, including the provision of—*

23           “(i) *psychotherapy;*

24           “(ii) *psychiatric assessments and diag-*  
25       *nostic interviews, therapies for mental*

1           *health conditions predisposing to suicide,*  
2           *and treatment; and*

3                     *“(iii) alcohol and substance abuse*  
4           *treatment.*

5                     *“(B) To provide clinician-interactive med-*  
6           *ical advice, guidance and training, assistance in*  
7           *diagnosis and interpretation, crisis counseling*  
8           *and intervention, and related assistance to Serv-*  
9           *ice, tribal, or urban clinicians and health serv-*  
10          *ices providers working with youth being served*  
11          *under this demonstration project.*

12                    *“(C) To assist, educate and train commu-*  
13          *nity leaders, health education professionals and*  
14          *paraprofessionals, tribal outreach workers, and*  
15          *family members who work with the youth receiv-*  
16          *ing telemental health services under this dem-*  
17          *onstration project, including with identification*  
18          *of suicidal tendencies, crisis intervention and*  
19          *suicide prevention, emergency skill development,*  
20          *and building and expanding networks among*  
21          *these individuals and with State and local health*  
22          *services providers.*

23                    *“(D) To develop and distribute culturally*  
24          *appropriate community educational materials*  
25          *on—*

1                   “(i) suicide prevention;

2                   “(ii) suicide education;

3                   “(iii) suicide screening;

4                   “(iv) suicide intervention; and

5                   “(v) ways to mobilize communities  
6                   with respect to the identification of risk fac-  
7                   tors for suicide.

8                   “(E) For data collection and reporting re-  
9                   lated to Indian youth suicide prevention efforts.

10                  “(2) TRADITIONAL HEALTH CARE PRACTICES.—

11                  In carrying out the purposes described in paragraph  
12                  (1), an Indian Tribe or Tribal Organization may use  
13                  and promote the traditional health care practices of  
14                  the Indian Tribes of the youth to be served.

15                  “(e) APPLICATIONS.—To be eligible to receive a grant  
16                  under subsection (c), an Indian Tribe or Tribal Organiza-  
17                  tion shall prepare and submit to the Secretary an applica-  
18                  tion, at such time, in such manner, and containing such  
19                  information as the Secretary may require, including—

20                   “(1) a description of the project that the Indian  
21                   Tribe or Tribal Organization will carry out using the  
22                   funds provided under the grant;

23                   “(2) a description of the manner in which the  
24                   project funded under the grant would—



1           “(A) meet the telemental health care needs  
2           of the Indian youth population to be served by  
3           the project; or

4           “(B) improve the access of the Indian youth  
5           population to be served to suicide prevention and  
6           treatment services;

7           “(3) evidence of support for the project from the  
8           local community to be served by the project;

9           “(4) a description of how the families and lead-  
10          ership of the communities or populations to be served  
11          by the project would be involved in the development  
12          and ongoing operations of the project;

13          “(5) a plan to involve the tribal community of  
14          the youth who are provided services by the project in  
15          planning and evaluating the mental health care and  
16          suicide prevention efforts provided, in order to ensure  
17          the integration of community, clinical, environ-  
18          mental, and cultural components of the treatment;  
19          and

20          “(6) a plan for sustaining the project after Fed-  
21          eral assistance for the demonstration project has ter-  
22          minated.

23          “(f) COLLABORATION; REPORTING TO NATIONAL  
24          CLEARINGHOUSE.—

“(1) *COLLABORATION.*—The Secretary, acting through the Service, shall encourage Indian Tribes and Tribal Organizations receiving grants under this section to collaborate to enable comparisons about best practices across projects.

“(2) *REPORTING TO NATIONAL CLEARINGHOUSE.*—The Secretary, acting through the Service, shall also encourage Indian Tribes and Tribal Organizations receiving grants under this section to submit relevant, declassified project information to the national clearinghouse authorized under section 701(b)(2) in order to better facilitate program performance and improve suicide prevention, intervention, and treatment services.

“(g) *ANNUAL REPORT.*—Each grant recipient shall submit to the Secretary an annual report that—

“(1) describes the number of telemental health services provided; and

“(2) includes any other information that the Secretary may require.

“(h) *REPORT TO CONGRESS.*—Not later than 270 days after the termination of the demonstration project, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources and Committee on Energy and Commerce of the House of Rep-

1 representatives a final report, based on the annual reports pro-  
 2 vided by grant recipients under subsection (h), that—

3 “(1) describes the results of the projects funded  
 4 by grants awarded under this section, including any  
 5 data available which indicates the number of at-  
 6 tempted suicides;

7 “(2) evaluates the impact of the telemental health  
 8 services funded by the grants in reducing the number  
 9 of completed suicides among Indian youth;

10 “(3) evaluates whether the demonstration project  
 11 should be—

12 “(A) expanded to provide more than 5  
 13 grants; and

14 “(B) designated a permanent program; and

15 “(4) evaluates the benefits of expanding the dem-  
 16 onstration project to include Urban Indian Organiza-  
 17 tions.

18 “(i) **AUTHORIZATION OF APPROPRIATIONS.**—There is  
 19 authorized to be appropriated to carry out this section  
 20 \$1,500,000 for each of fiscal years 2008 through 2011.

21 **“SEC. 709. INPATIENT AND COMMUNITY-BASED MENTAL**  
 22 **HEALTH FACILITIES DESIGN, CONSTRUC-**  
 23 **TION, AND STAFFING.**

24 “Not later than 1 year after the date of enactment of  
 25 the Indian Health Care Improvement Act Amendments of

1 2007, the Secretary, acting through the Service, Indian  
2 Tribes, and Tribal Organizations, may provide, in each  
3 area of the Service, not less than 1 inpatient mental health  
4 care facility, or the equivalent, for Indians with behavioral  
5 health problems. For the purposes of this subsection, Cali-  
6 fornia shall be considered to be 2 Area Offices, 1 office whose  
7 location shall be considered to encompass the northern area  
8 of the State of California and 1 office whose jurisdiction  
9 shall be considered to encompass the remainder of the State  
10 of California. The Secretary shall consider the possible con-  
11 version of existing, underused Service hospital beds into  
12 psychiatric units to meet such need.

13 **“SEC. 710. TRAINING AND COMMUNITY EDUCATION.**

14       “(a) PROGRAM.—The Secretary, in cooperation with  
15 the Secretary of the Interior, shall develop and implement  
16 or assist Indian Tribes and Tribal Organizations to develop  
17 and implement, within each Service Unit or tribal pro-  
18 gram, a program of community education and involvement  
19 which shall be designed to provide concise and timely infor-  
20 mation to the community leadership of each tribal commu-  
21 nity. Such program shall include education about behav-  
22 ioral health issues to political leaders, Tribal judges, law  
23 enforcement personnel, members of tribal health and edu-  
24 cation boards, health care providers including traditional  
25 practitioners, and other critical members of each tribal

1 community. Such program may also include community-  
2 based training to develop local capacity and tribal commu-  
3 nity provider training for prevention, intervention, treat-  
4 ment, and aftercare.

5       “(b) *INSTRUCTION.*—The Secretary, acting through the  
6 Service, shall, either directly or through Indian Tribes and  
7 Tribal Organizations, provide instruction in the area of be-  
8 havioral health issues, including instruction in crisis inter-  
9 vention and family relations in the context of alcohol and  
10 substance abuse, child sexual abuse, youth alcohol and sub-  
11 stance abuse, and the causes and effects of fetal alcohol dis-  
12 orders to appropriate employees of the Bureau of Indian  
13 Affairs and the Service, and to personnel in schools or pro-  
14 grams operated under any contract with the Bureau of In-  
15 dian Affairs or the Service, including supervisors of emer-  
16 gency shelters and halfway houses described in section 4213  
17 of the Indian Alcohol and Substance Abuse Prevention and  
18 Treatment Act of 1986 (25 U.S.C. 2433).

19       “(c) *TRAINING MODELS.*—In carrying out the edu-  
20 cation and training programs required by this section, the  
21 Secretary, in consultation with Indian Tribes, Tribal Orga-  
22 nizations, Indian behavioral health experts, and Indian al-  
23 cohol and substance abuse prevention experts, shall develop  
24 and provide community-based training models. Such mod-  
25 els shall address—



1           “(1) the elevated risk of alcohol and behavioral  
2   health problems faced by children of alcoholics;

3           “(2) the cultural, spiritual, and multigenera-  
4   tional aspects of behavioral health problem prevention  
5   and recovery; and

6           “(3) community-based and multidisciplinary  
7   strategies for preventing and treating behavioral  
8   health problems.

9   **“SEC. 711. BEHAVIORAL HEALTH PROGRAM.**

10          “(a) *INNOVATIVE PROGRAMS.*—The Secretary, acting  
11   through the Service, Indian Tribes, and Tribal Organiza-  
12   tions, consistent with section 701, may plan, develop, im-  
13   plement, and carry out programs to deliver innovative com-  
14   munity-based behavioral health services to Indians.

15          “(b) *AWARDS; CRITERIA.*—The Secretary may award  
16   a grant for a project under subsection (a) to an Indian  
17   Tribe or Tribal Organization and may consider the fol-  
18   lowing criteria:

19           “(1) The project will address significant unmet  
20   behavioral health needs among Indians.

21           “(2) The project will serve a significant number  
22   of Indians.

23           “(3) The project has the potential to deliver serv-  
24   ices in an efficient and effective manner.

1           “(4) *The Indian Tribe or Tribal Organization*  
 2           *has the administrative and financial capability to*  
 3           *administer the project.*

4           “(5) *The project may deliver services in a man-*  
 5           *ner consistent with traditional health care practices.*

6           “(6) *The project is coordinated with, and avoids*  
 7           *duplication of, existing services.*

8           “(c) *EQUITABLE TREATMENT.—For purposes of this*  
 9           *subsection, the Secretary shall, in evaluating project appli-*  
 10          *cations or proposals, use the same criteria that the Sec-*  
 11          *retary uses in evaluating any other application or proposal*  
 12          *for such funding.*

13       **“SEC. 712. FETAL ALCOHOL DISORDER PROGRAMS.**

14           “(a) *PROGRAMS.—*

15           “(1) *ESTABLISHMENT.—The Secretary, con-*  
 16          *sistent with section 701, acting through the Service,*  
 17          *Indian Tribes, and Tribal Organizations, is author-*  
 18          *ized to establish and operate fetal alcohol disorder*  
 19          *programs as provided in this section for the purposes*  
 20          *of meeting the health status objectives specified in sec-*  
 21          *tion 3.*

22           “(2) *USE OF FUNDS.—*

23           “(A) *IN GENERAL.—Funding provided pur-*  
 24          *suant to this section shall be used for the fol-*  
 25          *lowing:*

1                   “(i) To develop and provide for Indi-  
2                   ans community and in-school training, edu-  
3                   cation, and prevention programs relating to  
4                   fetal alcohol disorders.

5                   “(ii) To identify and provide behav-  
6                   ioral health treatment to high-risk Indian  
7                   women and high-risk women pregnant with  
8                   an Indian’s child.

9                   “(iii) To identify and provide appro-  
10                  priate psychological services, educational  
11                  and vocational support, counseling, advo-  
12                  cacy, and information to fetal alcohol dis-  
13                  order affected Indians and their families or  
14                  caretakers.

15                  “(iv) To develop and implement coun-  
16                  seling and support programs in schools for  
17                  fetal alcohol disorder affected Indian chil-  
18                  dren.

19                  “(v) To develop prevention and inter-  
20                  vention models which incorporate practi-  
21                  tioners of traditional health care practices,  
22                  cultural values, and community involve-  
23                  ment.

1                   “(vi) To develop, print, and dissemi-  
2                   nate education and prevention materials on  
3                   fetal alcohol disorder.

4                   “(vii) To develop and implement, in  
5                   consultation with Indian Tribes, Tribal Or-  
6                   ganizations, and Urban Indian Organiza-  
7                   tions, culturally sensitive assessment and  
8                   diagnostic tools including dysmorphology  
9                   clinics and multidisciplinary fetal alcohol  
10                  disorder clinics for use in Indian commu-  
11                  nities and Urban Centers.

12                  “(B) *ADDITIONAL USES.*—In addition to  
13                  any purpose under subparagraph (A), funding  
14                  provided pursuant to this section may be used  
15                  for 1 or more of the following:

16                  “(i) *Early childhood intervention*  
17                  *projects from birth on to mitigate the effects*  
18                  *of fetal alcohol disorder among Indians.*

19                  “(ii) *Community-based support serv-*  
20                  *ices for Indians and women pregnant with*  
21                  *Indian children.*

22                  “(iii) *Community-based housing for*  
23                  *adult Indians with fetal alcohol disorder.*

1           “(3) *CRITERIA FOR APPLICATIONS.*—The Sec-  
2       retary shall establish criteria for the review and ap-  
3       proval of applications for funding under this section.

4           “(b) *SERVICES.*—The Secretary, acting through the  
5       Service and Indian Tribes, Tribal Organizations, and  
6       Urban Indian Organizations, shall—

7           “(1) develop and provide services for the preven-  
8       tion, intervention, treatment, and aftercare for those  
9       affected by fetal alcohol disorder in Indian commu-  
10      nities; and

11          “(2) provide supportive services, including serv-  
12      ices to meet the special educational, vocational,  
13      school-to-work transition, and independent living  
14      needs of adolescent and adult Indians with fetal alco-  
15      hol disorder.

16          “(c) *TASK FORCE.*—The Secretary shall establish a  
17      task force to be known as the Fetal Alcohol Disorder Task  
18      Force to advise the Secretary in carrying out subsection (b).  
19      Such task force shall be composed of representatives from  
20      the following:

21           “(1) *The National Institute on Drug Abuse.*

22           “(2) *The National Institute on Alcohol and Alco-*  
23      *holism.*

24           “(3) *The Office of Substance Abuse Prevention.*

25           “(4) *The National Institute of Mental Health.*



1           “(5) *The Service.*

2           “(6) *The Office of Minority Health of the De-*  
3           *partment of Health and Human Services.*

4           “(7) *The Administration for Native Americans.*

5           “(8) *The National Institute of Child Health and*  
6           *Human Development (NICHD).*

7           “(9) *The Centers for Disease Control and Pre-*  
8           *vention.*

9           “(10) *The Bureau of Indian Affairs.*

10          “(11) *Indian Tribes.*

11          “(12) *Tribal Organizations.*

12          “(13) *Urban Indian Organizations.*

13          “(14) *Indian fetal alcohol disorder experts.*

14          “(d) *APPLIED RESEARCH PROJECTS.—The Secretary,*  
15          *acting through the Substance Abuse and Mental Health*  
16          *Services Administration, shall make grants to Indian*  
17          *Tribes, Tribal Organizations, and Urban Indian Organiza-*  
18          *tions for applied research projects which propose to elevate*  
19          *the understanding of methods to prevent, intervene, treat,*  
20          *or provide rehabilitation and behavioral health aftercare for*  
21          *Indians and Urban Indians affected by fetal alcohol dis-*  
22          *order.*

23          “(e) *FUNDING FOR URBAN INDIAN ORGANIZATIONS.—*  
24          *Ten percent of the funds appropriated pursuant to this sec-*

tion shall be used to make grants to Urban Indian Organizations funded under title V.

**“SEC. 713. CHILD SEXUAL ABUSE AND PREVENTION TREATMENT PROGRAMS.**

“(a) *ESTABLISHMENT.*—The Secretary, acting through the Service, and the Secretary of the Interior, Indian Tribes, and Tribal Organizations, shall establish, consistent with section 701, in every Service Area, programs involving treatment for—

“(1) victims of sexual abuse who are Indian children or children in an Indian household; and

“(2) perpetrators of child sexual abuse who are Indian or members of an Indian household.

“(b) *USE OF FUNDS.*—Funding provided pursuant to this section shall be used for the following:

“(1) To develop and provide community education and prevention programs related to sexual abuse of Indian children or children in an Indian household.

“(2) To identify and provide behavioral health treatment to victims of sexual abuse who are Indian children or children in an Indian household, and to their family members who are affected by sexual abuse.

1           “(3) To develop prevention and intervention  
2       models which incorporate traditional health care  
3       practices, cultural values, and community involve-  
4       ment.

5           “(4) To develop and implement culturally sen-  
6       sitive assessment and diagnostic tools for use in In-  
7       dian communities and Urban Centers.

8           “(5) To identify and provide behavioral health  
9       treatment to Indian perpetrators and perpetrators  
10      who are members of an Indian household—

11           “(A) making efforts to begin offender and  
12      behavioral health treatment while the perpetrator  
13      is incarcerated or at the earliest possible date if  
14      the perpetrator is not incarcerated; and

15           “(B) providing treatment after the perpe-  
16      trator is released, until it is determined that the  
17      perpetrator is not a threat to children.

18           “(c) COORDINATION.—The programs established under  
19      subsection (a) shall be carried out in coordination with pro-  
20      grams and services authorized under the Indian Child Pro-  
21      tection and Family Violence Prevention Act (25 U.S.C.  
22      3201 et seq.).

23   **“SEC. 714. BEHAVIORAL HEALTH RESEARCH.**

24           “The Secretary, in consultation with appropriate Fed-  
25      eral agencies, shall make grants to, or enter into contracts

1 *with, Indian Tribes, Tribal Organizations, and Urban In-*  
2 *dian Organizations or enter into contracts with, or make*  
3 *grants to appropriate institutions for, the conduct of re-*  
4 *search on the incidence and prevalence of behavioral health*  
5 *problems among Indians served by the Service, Indian*  
6 *Tribes, or Tribal Organizations and among Indians in*  
7 *urban areas. Research priorities under this section shall in-*  
8 *clude—*

9           “(1) *the multifactorial causes of Indian youth*  
10 *suicide, including—*

11                   “(A) *protective and risk factors and sci-*  
12 *entific data that identifies those factors; and*

13                   “(B) *the effects of loss of cultural identity*  
14 *and the development of scientific data on those*  
15 *effects;*

16           “(2) *the interrelationship and interdependence of*  
17 *behavioral health problems with alcoholism and other*  
18 *substance abuse, suicide, homicides, other injuries,*  
19 *and the incidence of family violence; and*

20           “(3) *the development of models of prevention*  
21 *techniques.*

22 *The effect of the interrelationships and interdependencies*  
23 *referred to in paragraph (2) on children, and the develop-*  
24 *ment of prevention techniques under paragraph (3) appli-*  
25 *cable to children, shall be emphasized.*

1   **“SEC. 715. DEFINITIONS.**

2           *“For the purpose of this title, the following definitions*  
3 *shall apply:*

4           “(1) *ASSESSMENT.*—The term ‘assessment’  
5       *means the systematic collection, analysis, and dis-*  
6 *semination of information on health status, health*  
7 *needs, and health problems.*

8           “(2) *ALCOHOL-RELATED NEURODEVELOPMENTAL*  
9 *DISORDERS OR ARND.*—The term ‘alcohol-related  
10 *neurodevelopmental disorders’ or ‘ARND’ means, with*  
11 *a history of maternal alcohol consumption during*  
12 *pregnancy, central nervous system involvement such*  
13 *as developmental delay, intellectual deficit, or*  
14 *neurologic abnormalities. Behaviorally, there can be*  
15 *problems with irritability, and failure to thrive as in-*  
16 *fants. As children become older there will likely be hy-*  
17 *peractivity, attention deficit, language dysfunction,*  
18 *and perceptual and judgment problems.*

19           “(3) *BEHAVIORAL HEALTH AFTERCARE.*—The  
20 *term ‘behavioral health aftercare’ includes those ac-*  
21 *tivities and resources used to support recovery fol-*  
22 *lowing inpatient, residential, intensive substance*  
23 *abuse, or mental health outpatient or outpatient*  
24 *treatment. The purpose is to help prevent or deal with*  
25 *relapse by ensuring that by the time a client or pa-*  
26 *tient is discharged from a level of care, such as out-*



patient treatment, an aftercare plan has been developed with the client. An aftercare plan may use such resources as a community-based therapeutic group, transitional living facilities, a 12-step sponsor, a local 12-step or other related support group, and other community-based providers.

“(4) *DUAL DIAGNOSIS*.—The term ‘dual diagnosis’ means coexisting substance abuse and mental illness conditions or diagnosis. Such clients are sometimes referred to as mentally ill chemical abusers (MICAs).

“(5) *FETAL ALCOHOL DISORDERS*.—The term ‘fetal alcohol disorders’ means fetal alcohol syndrome, partial fetal alcohol syndrome and alcohol related neurodevelopmental disorder (ARND).

“(6) *FETAL ALCOHOL SYNDROME OR FAS*.—The term ‘fetal alcohol syndrome’ or ‘FAS’ means a syndrome in which, with a history of maternal alcohol consumption during pregnancy, the following criteria are met:

“(A) Central nervous system involvement such as developmental delay, intellectual deficit, microencephaly, or neurologic abnormalities.

“(B) Craniofacial abnormalities with at least 2 of the following: microphthalmia, short

1        *palpebral fissures, poorly developed philtrum,*  
 2        *thin upper lip, flat nasal bridge, and short*  
 3        *upturned nose.*

4                *“(C) Prenatal or postnatal growth delay.*

5                *“(7) PARTIAL FAS.—The term ‘partial FAS’*  
 6        *means, with a history of maternal alcohol consump-*  
 7        *tion during pregnancy, having most of the criteria of*  
 8        *FAS, though not meeting a minimum of at least 2 of*  
 9        *the following: microphthalmia, short palpebral fis-*  
 10       *tures, poorly developed philtrum, thin upper lip, flat*  
 11       *nasal bridge, and short upturned nose.*

12               *“(8) REHABILITATION.—The term ‘rehabilita-*  
 13       *tion’ means to restore the ability or capacity to en-*  
 14       *gage in usual and customary life activities through*  
 15       *education and therapy.*

16               *“(9) SUBSTANCE ABUSE.—The term ‘substance*  
 17       *abuse’ includes inhalant abuse.*

18    **“SEC. 716. AUTHORIZATION OF APPROPRIATIONS.**

19        *“There is authorized to be appropriated such sums as*  
 20       *may be necessary for each fiscal year through fiscal year*  
 21       *2017 to carry out the provisions of this title.*

22    **“TITLE VIII—MISCELLANEOUS**

23    **“SEC. 801. REPORTS.**

24        *“For each fiscal year following the date of enactment*  
 25       *of the Indian Health Care Improvement Act Amendments*

1 of 2007, the Secretary shall transmit to Congress a report  
2 containing the following:

3           “(1) A report on the progress made in meeting  
4 the objectives of this Act, including a review of pro-  
5 grams established or assisted pursuant to this Act and  
6 assessments and recommendations of additional pro-  
7 grams or additional assistance necessary to, at a  
8 minimum, provide health services to Indians and en-  
9 sure a health status for Indians, which are at a par-  
10 ity with the health services available to and the health  
11 status of the general population.

12           “(2) A report on whether, and to what extent,  
13 new national health care programs, benefits, initia-  
14 tives, or financing systems have had an impact on the  
15 purposes of this Act and any steps that the Secretary  
16 may have taken to consult with Indian Tribes, Tribal  
17 Organizations, and Urban Indian Organizations to  
18 address such impact, including a report on proposed  
19 changes in allocation of funding pursuant to section  
20 808.

21           “(3) A report on the use of health services by In-  
22 dians—

23                   “(A) on a national and area or other rel-  
24 evant geographical basis;

25                   “(B) by gender and age;

1                   “(C) by source of payment and type of serv-  
2                   ice;

3                   “(D) comparing such rates of use with rates  
4                   of use among comparable non-Indian popu-  
5                   lations; and

6                   “(E) provided under contracts.

7                   “(4) A report of contractors to the Secretary on  
8                   Health Care Educational Loan Repayments every 6  
9                   months required by section 110.

10                  “(5) A general audit report of the Secretary on  
11                  the Health Care Educational Loan Repayment Pro-  
12                  gram as required by section 110(n).

13                  “(6) A report of the findings and conclusions of  
14                  demonstration programs on development of edu-  
15                  cational curricula for substance abuse counseling as  
16                  required in section 125(f).

17                  “(7) A separate statement which specifies the  
18                  amount of funds requested to carry out the provisions  
19                  of section 201.

20                  “(8) A report of the evaluations of health pro-  
21                  motion and disease prevention as required in section  
22                  203(c).

23                  “(9) A biennial report to Congress on infectious  
24                  diseases as required by section 212.

1           “(10) A report on environmental and nuclear  
2 health hazards as required by section 215.

3           “(11) An annual report on the status of all  
4 health care facilities needs as required by section  
5 301(c)(2)(B) and 301(d).

6           “(12) Reports on safe water and sanitary waste  
7 disposal facilities as required by section 302(h).

8           “(13) An annual report on the expenditure of  
9 non-Service funds for renovation as required by sec-  
10 tions 304(b)(2).

11           “(14) A report identifying the backlog of mainte-  
12 nance and repair required at Service and tribal fa-  
13 cilities required by section 313(a).

14           “(15) A report providing an accounting of reim-  
15 bursement funds made available to the Secretary  
16 under titles XVIII, XIX, and XXI of the Social Secu-  
17 rity Act.

18           “(16) A report on any arrangements for the  
19 sharing of medical facilities or services, as authorized  
20 by section 406.

21           “(17) A report on evaluation and renewal of  
22 Urban Indian programs under section 505.

23           “(18) A report on the evaluation of programs as  
24 required by section 513(d).



1           “(19) *A report on alcohol and substance abuse as*  
2           *required by section 701(f).*

3           “(20) *A report on Indian youth mental health*  
4           *services as required by section 707(h).*

5           “(21) *A report on the reallocation of base re-*  
6           *sources if required by section 808.*

7           “(22) *REPORT REGARDING PATIENT MOVE-*  
8           *MENT.—A report on the movement of patients between*  
9           *Service Units, including—*

10           “(A) *a list of those Service Units that have*  
11           *a net increase and those that have a net decrease*  
12           *of patients due to patients assigned to one Serv-*  
13           *ice Unit voluntarily choosing to receive service at*  
14           *another Service Unit;*

15           “(B) *an analysis of the effect of patient*  
16           *movement on the quality of services for those*  
17           *Service Units experiencing an increase in the*  
18           *number of patients served; and*

19           “(C) *what funding changes are necessary to*  
20           *maintain a consistent quality of service at Serv-*  
21           *ice Units that have an increase in the number of*  
22           *patients served.*

23   **“SEC. 802. REGULATIONS.**

24           “(a) *DEADLINES.—*

1           “(1) *PROCEDURES*.—Not later than 90 days  
2 after the date of enactment of the Indian Health Care  
3 Improvement Act Amendments of 2007, the Secretary  
4 shall initiate procedures under subchapter III of  
5 chapter 5 of title 5, United States Code, to negotiate  
6 and promulgate such regulations or amendments  
7 thereto that are necessary to carry out titles II (except  
8 section 202) and VII, the sections of title III for  
9 which negotiated rulemaking is specifically required,  
10 and section 807. Unless otherwise required, the Sec-  
11 retary may promulgate regulations to carry out titles  
12 I, III, IV, and V, and section 202, using the proce-  
13 dures required by chapter V of title 5, United States  
14 Code (commonly known as the ‘Administrative Proce-  
15 dure Act’).

16           “(2) *PROPOSED REGULATIONS*.—Proposed regu-  
17 lations to implement this Act shall be published in the  
18 Federal Register by the Secretary no later than 2  
19 years after the date of enactment of the Indian Health  
20 Care Improvement Act Amendments of 2007 and shall  
21 have no less than a 120-day comment period.

22           “(3) *FINAL REGULATIONS*.—The Secretary shall  
23 publish in the Federal Register final regulations to  
24 implement this Act by not later than 3 years after the

1       *date of enactment of the Indian Health Care Improve-*  
2       *ment Act Amendments of 2007.*

3       “(b) *COMMITTEE.*—A negotiated rulemaking com-  
4       *mittee established pursuant to section 565 of title 5, United*  
5       *States Code, to carry out this section shall have as its mem-*  
6       *bers only representatives of the Federal Government and*  
7       *representatives of Indian Tribes, and Tribal Organizations,*  
8       *a majority of whom shall be nominated by and be represent-*  
9       *atives of Indian Tribes and Tribal Organizations from each*  
10      *Service Area.*

11      “(c) *ADAPTATION OF PROCEDURES.*—The Secretary  
12      *shall adapt the negotiated rulemaking procedures to the*  
13      *unique context of self-governance and the government-to-*  
14      *government relationship between the United States and In-*  
15      *dian Tribes.*

16      “(d) *LACK OF REGULATIONS.*—The lack of promul-  
17      *gated regulations shall not limit the effect of this Act.*

18      “(e) *INCONSISTENT REGULATIONS.*—The provisions of  
19      *this Act shall supersede any conflicting provisions of law*  
20      *in effect on the day before the date of enactment of the In-*  
21      *dian Health Care Improvement Act Amendments of 2007,*  
22      *and the Secretary is authorized to repeal any regulation*  
23      *inconsistent with the provisions of this Act.*

1 **“SEC. 803. PLAN OF IMPLEMENTATION.**

2       *“Not later than 9 months after the date of enactment*  
3 *of the Indian Health Care Improvement Act Amendments*  
4 *of 2007, the Secretary, in consultation with Indian Tribes,*  
5 *Tribal Organizations, and Urban Indian Organizations,*  
6 *shall submit to Congress a plan explaining the manner and*  
7 *schedule, by title and section, by which the Secretary will*  
8 *implement the provisions of this Act. This consultation may*  
9 *be conducted jointly with the annual budget consultation*  
10 *pursuant to the Indian Self-Determination and Education*  
11 *Assistance Act (25 U.S.C. 450 et seq).*

12 **“SEC. 804. AVAILABILITY OF FUNDS.**

13       *“The funds appropriated pursuant to this Act shall re-*  
14 *main available until expended.*

15 **“SEC. 805. LIMITATION ON USE OF FUNDS APPROPRIATED**  
16 **TO INDIAN HEALTH SERVICE.**

17       *“Any limitation on the use of funds contained in an*  
18 *Act providing appropriations for the Department for a pe-*  
19 *riod with respect to the performance of abortions shall*  
20 *apply for that period with respect to the performance of*  
21 *abortions using funds contained in an Act providing appro-*  
22 *priations for the Service.*

23 **“SEC. 806. ELIGIBILITY OF CALIFORNIA INDIANS.**

24       *“(a) IN GENERAL.—The following California Indians*  
25 *shall be eligible for health services provided by the Service:*

1           “(1) Any member of a federally recognized In-  
2       dian Tribe.

3           “(2) Any descendant of an Indian who was re-  
4       siding in California on June 1, 1852, if such descend-  
5       ant—

6           “(A) is a member of the Indian community  
7       served by a local program of the Service; and

8           “(B) is regarded as an Indian by the com-  
9       munity in which such descendant lives.

10          “(3) Any Indian who holds trust interests in  
11       public domain, national forest, or reservation allot-  
12       ments in California.

13          “(4) Any Indian in California who is listed on  
14       the plans for distribution of the assets of rancherias  
15       and reservations located within the State of Cali-  
16       fornia under the Act of August 18, 1958 (72 Stat.  
17       619), and any descendant of such an Indian.

18          “(b) CLARIFICATION.—Nothing in this section may be  
19       construed as expanding the eligibility of California Indians  
20       for health services provided by the Service beyond the scope  
21       of eligibility for such health services that applied on May  
22       1, 1986.

23       **“SEC. 807. HEALTH SERVICES FOR INELIGIBLE PERSONS.**

24          “(a) CHILDREN.—Any individual who—

25               “(1) has not attained 19 years of age;



1           “(2) is the natural or adopted child, stepchild,  
2       foster child, legal ward, or orphan of an eligible In-  
3       dian; and

4           “(3) is not otherwise eligible for health services  
5       provided by the Service,

6       shall be eligible for all health services provided by the Serv-  
7       ice on the same basis and subject to the same rules that  
8       apply to eligible Indians until such individual attains 19  
9       years of age. The existing and potential health needs of all  
10      such individuals shall be taken into consideration by the  
11      Service in determining the need for, or the allocation of,  
12      the health resources of the Service. If such an individual  
13      has been determined to be legally incompetent prior to at-  
14      taining 19 years of age, such individual shall remain eligi-  
15      ble for such services until 1 year after the date of a deter-  
16      mination of competency.

17       “(b) SPOUSES.—Any spouse of an eligible Indian who  
18      is not an Indian, or who is of Indian descent but is not  
19      otherwise eligible for the health services provided by the  
20      Service, shall be eligible for such health services if all such  
21      spouses or spouses who are married to members of each In-  
22      dian Tribe being served are made eligible, as a class, by  
23      an appropriate resolution of the governing body of the In-  
24      dian Tribe or Tribal Organization providing such services.  
25      The health needs of persons made eligible under this para-

1 *graph shall not be taken into consideration by the Service*  
2 *in determining the need for, or allocation of, its health re-*  
3 *sources.*

4       “(c) *PROVISION OF SERVICES TO OTHER INDIVID-*  
5 *UALS.—*

6               “(1) *IN GENERAL.—The Secretary is authorized*  
7 *to provide health services under this subsection*  
8 *through health programs operated directly by the*  
9 *Service to individuals who reside within the Service*  
10 *Unit and who are not otherwise eligible for such*  
11 *health services if—*

12               “(A) *the Indian Tribes served by such Serv-*  
13 *ice Unit request such provision of health services*  
14 *to such individuals; and*

15               “(B) *the Secretary and the served Indian*  
16 *Tribes have jointly determined that—*

17               “(i) *the provision of such health serv-*  
18 *ices will not result in a denial or diminu-*  
19 *tion of health services to eligible Indians;*  
20 *and*

21               “(ii) *there is no reasonable alternative*  
22 *health facilities or services, within or with-*  
23 *out the Service Unit, available to meet the*  
24 *health needs of such individuals.*

1           “(2) *ISDEAA PROGRAMS.*—*In the case of health*  
2       *programs and facilities operated under a contract or*  
3       *compact entered into under the Indian Self-Deter-*  
4       *mination and Education Assistance Act (25 U.S.C.*  
5       *450 et seq.), the governing body of the Indian Tribe*  
6       *or Tribal Organization providing health services*  
7       *under such contract or compact is authorized to deter-*  
8       *mine whether health services should be provided under*  
9       *such contract to individuals who are not eligible for*  
10      *such health services under any other subsection of this*  
11      *section or under any other provision of law. In mak-*  
12      *ing such determinations, the governing body of the In-*  
13      *Indian Tribe or Tribal Organization shall take into ac-*  
14      *count the considerations described in paragraph*  
15      *(1)(B).*

16           “(3) *PAYMENT FOR SERVICES.*—

17           “(A) *IN GENERAL.*—*Persons receiving*  
18      *health services provided by the Service under this*  
19      *subsection shall be liable for payment of such*  
20      *health services under a schedule of charges pre-*  
21      *scribed by the Secretary which, in the judgment*  
22      *of the Secretary, results in reimbursement in an*  
23      *amount not less than the actual cost of providing*  
24      *the health services. Notwithstanding section 404*  
25      *of this Act or any other provision of law,*

1        amounts collected under this subsection, includ-  
2        ing Medicare, Medicaid, or SCHIP reimburse-  
3        ments under titles XVIII, XIX, and XXI of the  
4        Social Security Act, shall be credited to the ac-  
5        count of the program providing the service and  
6        shall be used for the purposes listed in section  
7        401(d)(2) and amounts collected under this sub-  
8        section shall be available for expenditure within  
9        such program.

10        “(B) *INDIGENT PEOPLE*.—Health services  
11        may be provided by the Secretary through the  
12        Service under this subsection to an indigent in-  
13        dividual who would not be otherwise eligible for  
14        such health services but for the provisions of  
15        paragraph (1) only if an agreement has been en-  
16        tered into with a State or local government  
17        under which the State or local government agrees  
18        to reimburse the Service for the expenses in-  
19        curred by the Service in providing such health  
20        services to such indigent individual.

21        “(4) *REVOCATION OF CONSENT FOR SERVICES*.—

22        “(A) *SINGLE TRIBE SERVICE AREA*.—In the  
23        case of a Service Area which serves only 1 In-  
24        dian Tribe, the authority of the Secretary to pro-  
25        vide health services under paragraph (1) shall

1        *terminate at the end of the fiscal year succeeding*  
2        *the fiscal year in which the governing body of the*  
3        *Indian Tribe revokes its concurrence to the pro-*  
4        *vision of such health services.*

5                “(B) *MULTITRIBAL SERVICE AREA.*—*In the*  
6        *case of a multitribal Service Area, the authority*  
7        *of the Secretary to provide health services under*  
8        *paragraph (1) shall terminate at the end of the*  
9        *fiscal year succeeding the fiscal year in which at*  
10       *least 51 percent of the number of Indian Tribes*  
11       *in the Service Area revoke their concurrence to*  
12       *the provisions of such health services.*

13              “(d) *OTHER SERVICES.*—*The Service may provide*  
14       *health services under this subsection to individuals who are*  
15       *not eligible for health services provided by the Service under*  
16       *any other provision of law in order to—*

17              “(1) *achieve stability in a medical emergency;*

18              “(2) *prevent the spread of a communicable dis-*  
19       *ease or otherwise deal with a public health hazard;*

20              “(3) *provide care to non-Indian women pregnant*  
21       *with an eligible Indian’s child for the duration of the*  
22       *pregnancy through postpartum; or*

23              “(4) *provide care to immediate family members*  
24       *of an eligible individual if such care is directly re-*  
25       *lated to the treatment of the eligible individual.*



1       “(e) *HOSPITAL PRIVILEGES FOR PRACTITIONERS.*—  
 2 *Hospital privileges in health facilities operated and main-*  
 3 *tained by the Service or operated under a contract or com-*  
 4 *pact pursuant to the Indian Self-Determination and Edu-*  
 5 *cation Assistance Act (25 U.S.C. 450 et seq.) may be ex-*  
 6 *tended to non-Service health care practitioners who provide*  
 7 *services to individuals described in subsection (a), (b), (c),*  
 8 *or (d). Such non-Service health care practitioners may, as*  
 9 *part of the privileging process, be designated as employees*  
 10 *of the Federal Government for purposes of section 1346(b)*  
 11 *and chapter 171 of title 28, United States Code (relating*  
 12 *to Federal tort claims) only with respect to acts or omis-*  
 13 *sions which occur in the course of providing services to eli-*  
 14 *gible individuals as a part of the conditions under which*  
 15 *such hospital privileges are extended.*

16       “(f) *ELIGIBLE INDIAN.*—For purposes of this section,  
 17 the term ‘eligible Indian’ means any Indian who is eligible  
 18 for health services provided by the Service without regard  
 19 to the provisions of this section.

20       **“SEC. 808. REALLOCATION OF BASE RESOURCES.**

21       “(a) *REPORT REQUIRED.*—Notwithstanding any other  
 22 provision of law, any allocation of Service funds for a fiscal  
 23 year that reduces by 5 percent or more from the previous  
 24 fiscal year the funding for any recurring program, project,  
 25 or activity of a Service Unit may be implemented only after

1 *the Secretary has submitted to Congress, under section 801,*  
2 *a report on the proposed change in allocation of funding,*  
3 *including the reasons for the change and its likely effects.*

4 “(b) *EXCEPTION.*—Subsection (a) shall not apply if  
5 *the total amount appropriated to the Service for a fiscal*  
6 *year is at least 5 percent less than the amount appropriated*  
7 *to the Service for the previous fiscal year.*

8 **“SEC. 809. RESULTS OF DEMONSTRATION PROJECTS.**

9 “*The Secretary shall provide for the dissemination to*  
10 *Indian Tribes, Tribal Organizations, and Urban Indian*  
11 *Organizations of the findings and results of demonstration*  
12 *projects conducted under this Act.*

13 **“SEC. 810. PROVISION OF SERVICES IN MONTANA.**

14 “(a) *CONSISTENT WITH COURT DECISION.*—*The Sec-*  
15 *retary, acting through the Service, shall provide services*  
16 *and benefits for Indians in Montana in a manner con-*  
17 *sistent with the decision of the United States Court of Ap-*  
18 *peals for the Ninth Circuit in McNabb for McNabb v.*  
19 *Bowen, 829 F.2d 787 (9th Cir. 1987).*

20 “(b) *CLARIFICATION.*—*The provisions of subsection (a)*  
21 *shall not be construed to be an expression of the sense of*  
22 *Congress on the application of the decision described in sub-*  
23 *section (a) with respect to the provision of services or bene-*  
24 *fits for Indians living in any State other than Montana.*

1   **“SEC. 811. MORATORIUM.**

2           *“During the period of the moratorium imposed on im-*  
3 *plementation of the final rule published in the Federal Reg-*  
4 *ister on September 16, 1987, by the Department of Health*  
5 *and Human Services, relating to eligibility for the health*  
6 *care services of the Indian Health Service, the Indian*  
7 *Health Service shall provide services pursuant to the cri-*  
8 *teria for eligibility for such services that were in effect on*  
9 *September 15, 1987, subject to the provisions of sections 806*  
10 *and 807, until the Service has submitted to the Committees*  
11 *on Appropriations of the Senate and the House of Rep-*  
12 *resentatives a budget request reflecting the increased costs*  
13 *associated with the proposed final rule, and the request has*  
14 *been included in an appropriations Act and enacted into*  
15 *law.*

16   **“SEC. 812. SEVERABILITY PROVISIONS.**

17           *“If any provision of this Act, any amendment made*  
18 *by the Act, or the application of such provision or amend-*  
19 *ment to any person or circumstances is held to be invalid,*  
20 *the remainder of this Act, the remaining amendments made*  
21 *by this Act, and the application of such provisions to per-*  
22 *sons or circumstances other than those to which it is held*  
23 *invalid, shall not be affected thereby.*

1 **"SEC. 813. ESTABLISHMENT OF NATIONAL BIPARTISAN**  
2 **COMMISSION ON INDIAN HEALTH CARE.**

3       “(a) *ESTABLISHMENT.*—There is established the Na-  
4 tional Bipartisan Indian Health Care Commission (the  
5 ‘Commission’).

6       “(b) *DUTIES OF COMMISSION.*—The duties of the Com-  
7 mission are the following:

8               “(1) *To establish a study committee composed of*  
9 *those members of the Commission appointed by the*  
10 *Director of the Service and at least 4 members of*  
11 *Congress from among the members of the Commission,*  
12 *the duties of which shall be the following:*

13                       “(A) *To the extent necessary to carry out its*  
14 *duties, collect and compile data necessary to un-*  
15 *derstand the extent of Indian needs with regard*  
16 *to the provision of health services, regardless of*  
17 *the location of Indians, including holding hear-*  
18 *ings and soliciting the views of Indians, Indian*  
19 *Tribes, Tribal Organizations, and Urban Indian*  
20 *Organizations, which may include authorizing*  
21 *and making funds available for feasibility stud-*  
22 *ies of various models for providing and funding*  
23 *health services for all Indian beneficiaries, in-*  
24 *cluding those who live outside of a reservation,*  
25 *temporarily or permanently.*

1           “(B) To make legislative recommendations  
2           to the Commission regarding the delivery of Fed-  
3           eral health care services to Indians. Such rec-  
4           ommendations shall include those related to  
5           issues of eligibility, benefits, the range of service  
6           providers, the cost of such services, financing  
7           such services, and the optimal manner in which  
8           to provide such services.

9           “(C) To determine the effect of the enact-  
10          ment of such recommendations on (i) the existing  
11          system of delivery of health services for Indians,  
12          and (ii) the sovereign status of Indian Tribes.

13          “(D) Not later than 12 months after the ap-  
14          pointment of all members of the Commission, to  
15          submit a written report of its findings and rec-  
16          ommendations to the full Commission. The re-  
17          port shall include a statement of the minority  
18          and majority position of the Committee and  
19          shall be disseminated, at a minimum, to every  
20          Indian Tribe, Tribal Organization, and Urban  
21          Indian Organization for comment to the Com-  
22          mission.

23          “(E) To report regularly to the full Com-  
24          mission regarding the findings and recommenda-  
25          tions developed by the study committee in the



1       *course of carrying out its duties under this sec-*  
2       *tion.*

3       “(2) *To review and analyze the recommendations*  
4       *of the report of the study committee.*

5       “(3) *To make legislative recommendations to*  
6       *Congress regarding the delivery of Federal health care*  
7       *services to Indians. Such recommendations shall in-*  
8       *clude those related to issues of eligibility, benefits, the*  
9       *range of service providers, the cost of such services, fi-*  
10       *nancing such services, and the optimal manner in*  
11       *which to provide such services.*

12       “(4) *Not later than 18 months following the date*  
13       *of appointment of all members of the Commission,*  
14       *submit a written report to Congress regarding the de-*  
15       *livery of Federal health care services to Indians. Such*  
16       *recommendations shall include those related to issues*  
17       *of eligibility, benefits, the range of service providers,*  
18       *the cost of such services, financing such services, and*  
19       *the optimal manner in which to provide such services.*

20       “(c) *MEMBERS.—*

21       “(1) *APPOINTMENT.—The Commission shall be*  
22       *composed of 25 members, appointed as follows:*

23       “(A) *Ten members of Congress, including 3*  
24       *from the House of Representatives and 2 from*  
25       *the Senate, appointed by their respective major-*

1            *ity leaders, and 3 from the House of Representa-*  
2            *tives and 2 from the Senate, appointed by their*  
3            *respective minority leaders, and who shall be*  
4            *members of the standing committees of Congress*  
5            *that consider legislation affecting health care to*  
6            *Indians.*

7            *“(B) Twelve persons chosen by the congres-*  
8            *sional members of the Commission, 1 from each*  
9            *Service Area as currently designated by the Di-*  
10           *rector of the Service to be chosen from among 3*  
11           *nominees from each Service Area put forward by*  
12           *the Indian Tribes within the area, with due re-*  
13           *gard being given to the experience and expertise*  
14           *of the nominees in the provision of health care*  
15           *to Indians and to a reasonable representation on*  
16           *the commission of members who are familiar*  
17           *with various health care delivery modes and who*  
18           *represent Indian Tribes of various size popu-*  
19           *lations.*

20           *“(C) Three persons appointed by the Direc-*  
21           *tor who are knowledgeable about the provision of*  
22           *health care to Indians, at least 1 of whom shall*  
23           *be appointed from among 3 nominees put for-*  
24           *ward by those programs whose funds are pro-*  
25           *vided in whole or in part by the Service pri-*

1            *marily or exclusively for the benefit of Urban In-*  
2            *dians.*

3            *“(D) All those persons chosen by the con-*  
4            *gressional members of the Commission and by*  
5            *the Director shall be members of federally recog-*  
6            *nized Indian Tribes.*

7            *“(2) CHAIR; VICE CHAIR.—The Chair and Vice*  
8            *Chair of the Commission shall be selected by the con-*  
9            *gressional members of the Commission.*

10           *“(3) TERMS.—The terms of members of the Com-*  
11           *mission shall be for the life of the Commission.*

12           *“(4) DEADLINE FOR APPOINTMENTS.—Congres-*  
13           *sional members of the Commission shall be appointed*  
14           *not later than 180 days after the date of enactment*  
15           *of the Indian Health Care Improvement Act Amend-*  
16           *ments of 2007, and the remaining members of the*  
17           *Commission shall be appointed not later than 60 days*  
18           *following the appointment of the congressional mem-*  
19           *bers.*

20           *“(5) VACANCY.—A vacancy in the Commission*  
21           *shall be filled in the manner in which the original*  
22           *appointment was made.*

23           *“(d) COMPENSATION.—*

24           *“(1) CONGRESSIONAL MEMBERS.—Each congress-*  
25           *sional member of the Commission shall receive no ad-*

ditional pay, allowances, or benefits by reason of their service on the Commission and shall receive travel expenses and per diem in lieu of subsistence in accordance with sections 5702 and 5703 of title 5, United States Code.

“(2) *OTHER MEMBERS.*—Remaining members of the Commission, while serving on the business of the Commission (including travel time), shall be entitled to receive compensation at the per diem equivalent of the rate provided for level IV of the Executive Schedule under section 5315 of title 5, United States Code, and while so serving away from home and the member’s regular place of business, a member may be allowed travel expenses, as authorized by the Chairman of the Commission. For purpose of pay (other than pay of members of the Commission) and employment benefits, rights, and privileges, all personnel of the Commission shall be treated as if they were employees of the United States Senate.

“(e) *MEETINGS.*—The Commission shall meet at the call of the Chair.

“(f) *QUORUM.*—A quorum of the Commission shall consist of not less than 15 members, provided that no less than 6 of the members of Congress who are Commission

1 *members are present and no less than 9 of the members who*  
2 *are Indians are present.*

3 “(g) *EXECUTIVE DIRECTOR; STAFF; FACILITIES.*—

4 “(1) *APPOINTMENT; PAY.*—*The Commission shall*  
5 *appoint an executive director of the Commission. The*  
6 *executive director shall be paid the rate of basic pay*  
7 *for level V of the Executive Schedule.*

8 “(2) *STAFF APPOINTMENT.*—*With the approval*  
9 *of the Commission, the executive director may ap-*  
10 *point such personnel as the executive director deems*  
11 *appropriate.*

12 “(3) *STAFF PAY.*—*The staff of the Commission*  
13 *shall be appointed without regard to the provisions of*  
14 *title 5, United States Code, governing appointments*  
15 *in the competitive service, and shall be paid without*  
16 *regard to the provisions of chapter 51 and subchapter*  
17 *III of chapter 53 of such title (relating to classifica-*  
18 *tion and General Schedule pay rates).*

19 “(4) *TEMPORARY SERVICES.*—*With the approval*  
20 *of the Commission, the executive director may procure*  
21 *temporary and intermittent services under section*  
22 *3109(b) of title 5, United States Code.*

23 “(5) *FACILITIES.*—*The Administrator of General*  
24 *Services shall locate suitable office space for the oper-*  
25 *ation of the Commission. The facilities shall serve as*



1       the headquarters of the Commission and shall include  
2       all necessary equipment and incidentals required for  
3       the proper functioning of the Commission.

4       “(h) *HEARINGS.*—(1) For the purpose of carrying out  
5       its duties, the Commission may hold such hearings and un-  
6       dertake such other activities as the Commission determines  
7       to be necessary to carry out its duties, provided that at least  
8       6 regional hearings are held in different areas of the United  
9       States in which large numbers of Indians are present. Such  
10      hearings are to be held to solicit the views of Indians re-  
11      garding the delivery of health care services to them. To con-  
12      stitute a hearing under this subsection, at least 5 members  
13      of the Commission, including at least 1 member of Congress,  
14      must be present. Hearings held by the study committee es-  
15      tablished in this section may count toward the number of  
16      regional hearings required by this subsection.

17      “(2) Upon request of the Commission, the Comptroller  
18      General shall conduct such studies or investigations as the  
19      Commission determines to be necessary to carry out its du-  
20      ties.

21      “(3)(A) The Director of the Congressional Budget Of-  
22      fice or the Chief Actuary of the Centers for Medicare & Med-  
23      icaid Services, or both, shall provide to the Commission,  
24      upon the request of the Commission, such cost estimates as

1 *the Commission determines to be necessary to carry out its*  
2 *duties.*

3       “(B) *The Commission shall reimburse the Director of*  
4 *the Congressional Budget Office for expenses relating to the*  
5 *employment in the office of that Director of such additional*  
6 *staff as may be necessary for the Director to comply with*  
7 *requests by the Commission under subparagraph (A).*

8       “(4) *Upon the request of the Commission, the head of*  
9 *any Federal agency is authorized to detail, without reim-*  
10 *bursement, any of the personnel of such agency to the Com-*  
11 *mission to assist the Commission in carrying out its duties.*  
12 *Any such detail shall not interrupt or otherwise affect the*  
13 *civil service status or privileges of the Federal employee.*

14       “(5) *Upon the request of the Commission, the head of*  
15 *a Federal agency shall provide such technical assistance to*  
16 *the Commission as the Commission determines to be nec-*  
17 *essary to carry out its duties.*

18       “(6) *The Commission may use the United States mails*  
19 *in the same manner and under the same conditions as Fed-*  
20 *eral agencies and shall, for purposes of the frank, be consid-*  
21 *ered a commission of Congress as described in section 3215*  
22 *of title 39, United States Code.*

23       “(7) *The Commission may secure directly from any*  
24 *Federal agency information necessary to enable it to carry*  
25 *out its duties, if the information may be disclosed under*

1 section 552 of title 4, United States Code. Upon request of  
 2 the Chairman of the Commission, the head of such agency  
 3 shall furnish such information to the Commission.

4 “(8) Upon the request of the Commission, the Adminis-  
 5 trator of General Services shall provide to the Commission  
 6 on a reimbursable basis such administrative support serv-  
 7 ices as the Commission may request.

8 “(9) For purposes of costs relating to printing and  
 9 binding, including the cost of personnel detailed from the  
 10 Government Printing Office, the Commission shall be  
 11 deemed to be a committee of Congress.

12 “(i) **AUTHORIZATION OF APPROPRIATIONS.**—There is  
 13 authorized to be appropriated \$4,000,000 to carry out the  
 14 provisions of this section, which sum shall not be deducted  
 15 from or affect any other appropriation for health care for  
 16 Indian persons.

17 “(j) **NONAPPLICABILITY OF FACA.**—The Federal Advi-  
 18 sory Committee Act (5 U.S.C. App.) shall not apply to the  
 19 Commission.

20 **“SEC. 814. CONFIDENTIALITY OF MEDICAL QUALITY ASSUR-**  
 21 **ANCE RECORDS; QUALIFIED IMMUNITY FOR**  
 22 **PARTICIPANTS.**

23 “(a) **CONFIDENTIALITY OF RECORDS.**—Medical qual-  
 24 ity assurance records created by or for any Indian Health  
 25 Program or a health program of an Urban Indian Organi-

1 zation as part of a medical quality assurance program are  
 2 confidential and privileged. Such records may not be dis-  
 3 closed to any person or entity, except as provided in sub-  
 4 section (c).

5 “(b) *PROHIBITION ON DISCLOSURE AND TESTI-*  
 6 *MONY.*—

7 “(1) *IN GENERAL.*—No part of any medical  
 8 quality assurance record described in subsection (a)  
 9 may be subject to discovery or admitted into evidence  
 10 in any judicial or administrative proceeding, except  
 11 as provided in subsection (c).

12 “(2) *TESTIMONY.*—A person who reviews or cre-  
 13 ates medical quality assurance records for any Indian  
 14 Health Program or Urban Indian Organization who  
 15 participates in any proceeding that reviews or creates  
 16 such records may not be permitted or required to tes-  
 17 tify in any judicial or administrative proceeding  
 18 with respect to such records or with respect to any  
 19 finding, recommendation, evaluation, opinion, or ac-  
 20 tion taken by such person or body in connection with  
 21 such records except as provided in this section.

22 “(c) *AUTHORIZED DISCLOSURE AND TESTIMONY.*—

23 “(1) *IN GENERAL.*—Subject to paragraph (2), a  
 24 medical quality assurance record described in sub-  
 25 section (a) may be disclosed, and a person referred to

1        *in subsection (b) may give testimony in connection*  
2        *with such a record, only as follows:*

3                *“(A) To a Federal executive agency or pri-*  
4                *vate organization, if such medical quality assur-*  
5                *ance record or testimony is needed by such agen-*  
6                *cy or organization to perform licensing or ac-*  
7                *creditation functions related to any Indian*  
8                *Health Program or to a health program of an*  
9                *Urban Indian Organization to perform moni-*  
10              *toring, required by law, of such program or or-*  
11              *ganization.*

12              *“(B) To an administrative or judicial pro-*  
13              *ceeding commenced by a present or former In-*  
14              *dian Health Program or Urban Indian Organi-*  
15              *zation provider concerning the termination, sus-*  
16              *pension, or limitation of clinical privileges of*  
17              *such health care provider.*

18              *“(C) To a governmental board or agency or*  
19              *to a professional health care society or organiza-*  
20              *tion, if such medical quality assurance record or*  
21              *testimony is needed by such board, agency, soci-*  
22              *ety, or organization to perform licensing,*  
23              *credentialing, or the monitoring of professional*  
24              *standards with respect to any health care pro-*



1       vider who is or was an employee of any Indian  
2       Health Program or Urban Indian Organization.

3               “(D) To a hospital, medical center, or other  
4       institution that provides health care services, if  
5       such medical quality assurance record or testi-  
6       mony is needed by such institution to assess the  
7       professional qualifications of any health care  
8       provider who is or was an employee of any In-  
9       dian Health Program or Urban Indian Organi-  
10      zation and who has applied for or been granted  
11      authority or employment to provide health care  
12      services in or on behalf of such program or orga-  
13      nization.

14              “(E) To an officer, employee, or contractor  
15      of the Indian Health Program or Urban Indian  
16      Organization that created the records or for  
17      which the records were created. If that officer,  
18      employee, or contractor has a need for such  
19      record or testimony to perform official duties.

20              “(F) To a criminal or civil law enforcement  
21      agency or instrumentality charged under appli-  
22      cable law with the protection of the public health  
23      or safety, if a qualified representative of such  
24      agency or instrumentality makes a written re-

1           quest that such record or testimony be provided  
2           for a purpose authorized by law.

3           “(G) In an administrative or judicial pro-  
4           ceeding commenced by a criminal or civil law  
5           enforcement agency or instrumentality referred  
6           to in subparagraph (F), but only with respect to  
7           the subject of such proceeding.

8           “(2) *IDENTITY OF PARTICIPANTS.*—With the ex-  
9           ception of the subject of a quality assurance action,  
10          the identity of any person receiving health care serv-  
11          ices from any Indian Health Program or Urban In-  
12          dian Organization or the identity of any other person  
13          associated with such program or organization for  
14          purposes of a medical quality assurance program that  
15          is disclosed in a medical quality assurance record de-  
16          scribed in subsection (a) shall be deleted from that  
17          record or document before any disclosure of such  
18          record is made outside such program or organization.  
19          Such requirement does not apply to the release of in-  
20          formation pursuant to section 552a of title 5.

21          “(d) *DISCLOSURE FOR CERTAIN PURPOSES.*—

22                 “(1) *IN GENERAL.*—Nothing in this section shall  
23                 be construed as authorizing or requiring the with-  
24                 holding from any person or entity aggregate statis-  
25                 tical information regarding the results of any Indian

1       *Health Program or Urban Indian Organizations's*  
2       *medical quality assurance programs.*

3               “(2) *WITHHOLDING FROM CONGRESS.*—*Nothing*  
4       *in this section shall be construed as authority to with-*  
5       *hold any medical quality assurance record from a*  
6       *committee of either House of Congress, any joint com-*  
7       *mittee of Congress, or the Government Accountability*  
8       *Office if such record pertains to any matter within*  
9       *their respective jurisdictions.*

10           “(e) *PROHIBITION ON DISCLOSURE OF RECORD OR*  
11       *TESTIMONY.*—*A person or entity having possession of or ac-*  
12       *cess to a record or testimony described by this section may*  
13       *not disclose the contents of such record or testimony in any*  
14       *manner or for any purpose except as provided in this sec-*  
15       *tion.*

16           “(f) *EXEMPTION FROM FREEDOM OF INFORMATION*  
17       *ACT.*—*Medical quality assurance records described in sub-*  
18       *section (a) may not be made available to any person under*  
19       *section 552 of title 5.*

20           “(g) *LIMITATION ON CIVIL LIABILITY.*—*A person who*  
21       *participates in or provides information to a person or body*  
22       *that reviews or creates medical quality assurance records*  
23       *described in subsection (a) shall not be civilly liable for such*  
24       *participation or for providing such information if the par-*  
25       *ticipation or provision of information was in good faith*

1 based on prevailing professional standards at the time the  
 2 medical quality assurance program activity took place.

3       “(h) *APPLICATION TO INFORMATION IN CERTAIN*  
 4 *OTHER RECORDS.*—Nothing in this section shall be con-  
 5 strued as limiting access to the information in a record cre-  
 6 ated and maintained outside a medical quality assurance  
 7 program, including a patient’s medical records, on the  
 8 grounds that the information was presented during meet-  
 9 ings of a review body that are part of a medical quality  
 10 assurance program.

11       “(i) *REGULATIONS.*—The Secretary, acting through  
 12 the Service, shall promulgate regulations pursuant to sec-  
 13 tion 802.

14       “(j) *DEFINITIONS.*—In this section:

15               “(1) The term ‘health care provider’ means any  
 16 health care professional, including community health  
 17 aides and practitioners certified under section 121,  
 18 who are granted clinical practice privileges or em-  
 19 ployed to provide health care services in an Indian  
 20 Health Program or health program of an Urban In-  
 21 dian Organization, who is licensed or certified to per-  
 22 form health care services by a governmental board or  
 23 agency or professional health care society or organiza-  
 24 tion.

1           “(2) The term ‘medical quality assurance pro-  
2       gram’ means any activity carried out before, on, or  
3       after the date of enactment of this Act by or for any  
4       Indian Health Program or Urban Indian Organiza-  
5       tion to assess the quality of medical care, including  
6       activities conducted by or on behalf of individuals,  
7       Indian Health Program or Urban Indian Organiza-  
8       tion medical or dental treatment review committees,  
9       or other review bodies responsible for quality assur-  
10      ance, credentials, infection control, patient safety, pa-  
11      tient care assessment (including treatment procedures,  
12      blood, drugs, and therapeutics), medical records,  
13      health resources management review and identifica-  
14      tion and prevention of medical or dental incidents  
15      and risks.

16           “(3) The term ‘medical quality assurance record’  
17      means the proceedings, records, minutes, and reports  
18      that emanate from quality assurance program activi-  
19      ties described in paragraph (2) and are produced or  
20      compiled by or for an Indian Health Program or  
21      Urban Indian Organization as part of a medical  
22      quality assurance program.

23   **“SEC. 815. APPROPRIATIONS; AVAILABILITY.**

24           “Any new spending authority (described in subpara-  
25   graph (A) or (B) of section 401(c)(2) of the Congressional



1 *Budget Act of 1974 (Public Law 93-344; 88 Stat. 317))*  
 2 *which is provided under this Act shall be effective for any*  
 3 *fiscal year only to such extent or in such amounts as are*  
 4 *provided in appropriation Acts.*

5 **“SEC. 816. AUTHORIZATION OF APPROPRIATIONS.**

6 *“There are authorized to be appropriated such sums*  
 7 *as may be necessary for each fiscal year through fiscal year*  
 8 *2017 to carry out this title.”.*

9 *(b) RATE OF PAY.—*

10 *(1) POSITIONS AT LEVEL IV.—Section 5315 of*  
 11 *title 5, United States Code, is amended by striking*  
 12 *“Assistant Secretaries of Health and Human Services*  
 13 *(6)” and inserting “Assistant Secretaries of Health*  
 14 *and Human Services (7)”.*

15 *(2) POSITIONS AT LEVEL V.—Section 5316 of*  
 16 *title 5, United States Code, is amended by striking*  
 17 *“Director, Indian Health Service, Department of*  
 18 *Health and Human Services”.*

19 *(c) AMENDMENTS TO OTHER PROVISIONS OF LAW.—*

20 *(1) Section 3307(b)(1)(C) of the Children’s*  
 21 *Health Act of 2000 (25 U.S.C. 1671 note; Public Law*  
 22 *106-310) is amended by striking “Director of the In-*  
 23 *dian Health Service” and inserting “Assistant Sec-*  
 24 *retary for Indian Health”.*

(2) *The Indian Lands Open Dump Cleanup Act of 1994 is amended—*

(A) *in section 3 (25 U.S.C. 3902)—*

(i) *by striking paragraph (2);*

(ii) *by redesignating paragraphs (1), (3), (4), (5), and (6) as paragraphs (4), (5), (2), (6), and (1), respectively, and moving those paragraphs so as to appear in numerical order; and*

(iii) *by inserting before paragraph (4) (as redesignated by clause (ii)) the following:*

“(3) *ASSISTANT SECRETARY.*—*The term ‘Assistant Secretary’ means the Assistant Secretary for Indian Health.*”;

(B) *in section 5 (25 U.S.C. 3904), by striking the section designation and heading and inserting the following:*

**“SEC. 5. AUTHORITY OF ASSISTANT SECRETARY FOR INDIAN HEALTH.”;**

(C) *in section 6(a) (25 U.S.C. 3905(a)), in the subsection heading, by striking “DIRECTOR” and inserting “ASSISTANT SECRETARY”;*

1           (D) in section 9(a) (25 U.S.C. 3908(a)), in  
2           the subsection heading, by striking “DIRECTOR”  
3           and inserting “ASSISTANT SECRETARY”; and

4           (E) by striking “Director” each place it ap-  
5           pears and inserting “Assistant Secretary”.

6           (3) Section 5504(d)(2) of the Augustus F. Haw-  
7           kins-Robert T. Stafford Elementary and Secondary  
8           School Improvement Amendments of 1988 (25 U.S.C.  
9           2001 note; Public Law 100–297) is amended by strik-  
10          ing “Director of the Indian Health Service” and in-  
11          serting “Assistant Secretary for Indian Health”.

12          (4) Section 203(a)(1) of the Rehabilitation Act of  
13          1973 (29 U.S.C. 763(a)(1)) is amended by striking  
14          “Director of the Indian Health Service” and inserting  
15          “Assistant Secretary for Indian Health”.

16          (5) Subsections (b) and (e) of section 518 of the  
17          Federal Water Pollution Control Act (33 U.S.C. 1377)  
18          are amended by striking “Director of the Indian  
19          Health Service” each place it appears and inserting  
20          “Assistant Secretary for Indian Health”.

21          (6) Section 317M(b) of the Public Health Service  
22          Act (42 U.S.C. 247b–14(b)) is amended—

23               (A) by striking “Director of the Indian  
24               Health Service” each place it appears and in-

serting “Assistant Secretary for Indian Health”;  
and

(B) in paragraph (2)(A), by striking “the  
Directors referred to in such paragraph” and in-  
serting “the Director of the Centers for Disease  
Control and Prevention and the Assistant Sec-  
retary for Indian Health”.

(7) Section 417C(b) of the Public Health Service  
Act (42 U.S.C. 285–9(b)) is amended by striking “Di-  
rector of the Indian Health Service” and inserting  
“Assistant Secretary for Indian Health”.

(8) Section 1452(i) of the Safe Drinking Water  
Act (42 U.S.C. 300j–12(i)) is amended by striking  
“Director of the Indian Health Service” each place it  
appears and inserting “Assistant Secretary for In-  
dian Health”.

(9) Section 803B(d)(1) of the Native American  
Programs Act of 1974 (42 U.S.C. 2991b–2(d)(1)) is  
amended in the last sentence by striking “Director of  
the Indian Health Service” and inserting “Assistant  
Secretary for Indian Health”.

(10) Section 203(b) of the Michigan Indian  
Land Claims Settlement Act (Public Law 105–143;  
111 Stat. 2666) is amended by striking “Director of

1        *the Indian Health Service” and inserting “Assistant*  
 2        *Secretary for Indian Health”.*

3    **SEC. 102. SOBOBA SANITATION FACILITIES.**

4        *The Act of December 17, 1970 (84 Stat. 1465), is*  
 5        *amended by adding at the end the following:*

6        *“SEC. 9. Nothing in this Act shall preclude the Soboba*  
 7        *Band of Mission Indians and the Soboba Indian Reserva-*  
 8        *tion from being provided with sanitation facilities and serv-*  
 9        *ices under the authority of section 7 of the Act of August*  
 10       *5, 1954 (68 Stat. 674), as amended by the Act of July 31,*  
 11       *1959 (73 Stat. 267).”.*

12    **SEC. 103. NATIVE AMERICAN HEALTH AND WELLNESS**  
 13                                    **FOUNDATION.**

14        *(a) IN GENERAL.—The Indian Self-Determination*  
 15        *and Education Assistance Act (25 U.S.C. 450 et seq.) is*  
 16        *amended by adding at the end the following:*

17    **“TITLE VIII—NATIVE AMERICAN**  
 18                    **HEALTH        AND        WELLNESS**  
 19                    **FOUNDATION**

20    **“SEC. 801. DEFINITIONS.**

21        *“In this title:*

22                    *“(1) BOARD.—The term ‘Board’ means the*  
 23                    *Board of Directors of the Foundation.*

24                    *“(2) COMMITTEE.—The term ‘Committee’ means*  
 25                    *the Committee for the Establishment of Native Amer-*



1     ican Health and Wellness Foundation established  
2     under section 802(f).

3             “(3) *FOUNDATION*.—The term ‘Foundation’  
4     means the Native American Health and Wellness  
5     Foundation established under section 802.

6             “(4) *SECRETARY*.—The term ‘Secretary’ means  
7     the Secretary of Health and Human Services.

8             “(5) *SERVICE*.—The term ‘Service’ means the In-  
9     dian Health Service of the Department of Health and  
10    Human Services.

11   **“SEC. 802. NATIVE AMERICAN HEALTH AND WELLNESS**  
12         **FOUNDATION.**

13             “(a) *ESTABLISHMENT*.—

14                 “(1) *IN GENERAL*.—As soon as practicable after  
15     the date of enactment of this title, the Secretary shall  
16     establish, under the laws of the District of Columbia  
17     and in accordance with this title, the Native Amer-  
18     ican Health and Wellness Foundation.

19                 “(2) *FUNDING DETERMINATIONS*.—No funds,  
20     gift, property, or other item of value (including any  
21     interest accrued on such an item) acquired by the  
22     Foundation shall—

23                     “(A) be taken into consideration for pur-  
24     poses of determining Federal appropriations re-

1           *lating to the provision of health care and services*  
2           *to Indians; or*

3           “(B) *otherwise limit, diminish, or affect the*  
4           *Federal responsibility for the provision of health*  
5           *care and services to Indians.*

6           “(b) *PERPETUAL EXISTENCE.—The Foundation shall*  
7           *have perpetual existence.*

8           “(c) *NATURE OF CORPORATION.—The Foundation—*

9           “(1) *shall be a charitable and nonprofit federally*  
10          *chartered corporation; and*

11          “(2) *shall not be an agency or instrumentality of*  
12          *the United States.*

13          “(d) *PLACE OF INCORPORATION AND DOMICILE.—The*  
14          *Foundation shall be incorporated and domiciled in the Dis-*  
15          *trict of Columbia.*

16          “(e) *DUTIES.—The Foundation shall—*

17          “(1) *encourage, accept, and administer private*  
18          *gifts of real and personal property, and any income*  
19          *from or interest in such gifts, for the benefit of, or in*  
20          *support of, the mission of the Service;*

21          “(2) *undertake and conduct such other activities*  
22          *as will further the health and wellness activities and*  
23          *opportunities of Native Americans; and*

24          “(3) *participate with and assist Federal, State,*  
25          *and tribal governments, agencies, entities, and indi-*

viduals in undertaking and conducting activities that will further the health and wellness activities and opportunities of Native Americans.

“(f) COMMITTEE FOR THE ESTABLISHMENT OF NATIVE AMERICAN HEALTH AND WELLNESS FOUNDATION.—

“(1) IN GENERAL.—The Secretary shall establish the Committee for the Establishment of Native American Health and Wellness Foundation to assist the Secretary in establishing the Foundation.

“(2) DUTIES.—Not later than 180 days after the date of enactment of this section, the Committee shall—

“(A) carry out such activities as are necessary to incorporate the Foundation under the laws of the District of Columbia, including acting as incorporators of the Foundation;

“(B) ensure that the Foundation qualifies for and maintains the status required to carry out this section, until the Board is established;

“(C) establish the constitution and initial bylaws of the Foundation;

“(D) provide for the initial operation of the Foundation, including providing for temporary or interim quarters, equipment, and staff; and

1                   “(E) appoint the initial members of the  
2                   Board in accordance with the constitution and  
3                   initial bylaws of the Foundation.

4                   “(g) BOARD OF DIRECTORS.—

5                   “(1) IN GENERAL.—The Board of Directors shall  
6                   be the governing body of the Foundation.

7                   “(2) POWERS.—The Board may exercise, or pro-  
8                   vide for the exercise of, the powers of the Foundation.

9                   “(3) SELECTION.—

10                   “(A) IN GENERAL.—Subject to subpara-  
11                   graph (B), the number of members of the Board,  
12                   the manner of selection of the members (includ-  
13                   ing the filling of vacancies), and the terms of of-  
14                   fice of the members shall be as provided in the  
15                   constitution and bylaws of the Foundation.

16                   “(B) REQUIREMENTS.—

17                   “(i) NUMBER OF MEMBERS.—The  
18                   Board shall have at least 11 members, who  
19                   shall have staggered terms.

20                   “(ii) INITIAL VOTING MEMBERS.—The  
21                   initial voting members of the Board—

22                   “(I) shall be appointed by the  
23                   Committee not later than 180 days  
24                   after the date on which the Foundation  
25                   is established; and

1                   “(II) shall have staggered terms.

2                   “(iii) *QUALIFICATION.*—The members  
3                   of the Board shall be United States citizens  
4                   who are knowledgeable or experienced in  
5                   Native American health care and related  
6                   matters.

7                   “(C) *COMPENSATION.*—A member of the  
8                   Board shall not receive compensation for service  
9                   as a member, but shall be reimbursed for actual  
10                  and necessary travel and subsistence expenses in-  
11                  curred in the performance of the duties of the  
12                  Foundation.

13               “(h) *OFFICERS.*—

14               “(1) *IN GENERAL.*—The officers of the Founda-  
15               tion shall be—

16               “(A) a secretary, elected from among the  
17               members of the Board; and

18               “(B) any other officers provided for in the  
19               constitution and bylaws of the Foundation.

20               “(2) *CHIEF OPERATING OFFICER.*—The secretary  
21               of the Foundation may serve, at the direction of the  
22               Board, as the chief operating officer of the Founda-  
23               tion, or the Board may appoint a chief operating offi-  
24               cer, who shall serve at the direction of the Board.



1           “(3) *ELECTION.*—*The manner of election, term*  
2           *of office, and duties of the officers of the Foundation*  
3           *shall be as provided in the constitution and bylaws*  
4           *of the Foundation.*

5           “(i) *POWERS.*—*The Foundation—*

6                 “(1) *shall adopt a constitution and bylaws for*  
7                 *the management of the property of the Foundation*  
8                 *and the regulation of the affairs of the Foundation;*

9                 “(2) *may adopt and alter a corporate seal;*

10                “(3) *may enter into contracts;*

11                “(4) *may acquire (through a gift or otherwise),*  
12                *own, lease, encumber, and transfer real or personal*  
13                *property as necessary or convenient to carry out the*  
14                *purposes of the Foundation;*

15                “(5) *may sue and be sued; and*

16                “(6) *may perform any other act necessary and*  
17                *proper to carry out the purposes of the Foundation.*

18           “(j) *PRINCIPAL OFFICE.*—

19                “(1) *IN GENERAL.*—*The principal office of the*  
20                *Foundation shall be in the District of Columbia.*

21                “(2) *ACTIVITIES; OFFICES.*—*The activities of the*  
22                *Foundation may be conducted, and offices may be*  
23                *maintained, throughout the United States in accord-*  
24                *ance with the constitution and bylaws of the Founda-*  
25                *tion.*

1       “(k) *SERVICE OF PROCESS.*—The Foundation shall  
 2   *comply with the law on service of process of each State in*  
 3   *which the Foundation is incorporated and of each State in*  
 4   *which the Foundation carries on activities.*

5       “(l) *LIABILITY OF OFFICERS, EMPLOYEES, AND*  
 6   *AGENTS.*—

7           “(1) *IN GENERAL.*—The Foundation shall be lia-  
 8   *ble for the acts of the officers, employees, and agents*  
 9   *of the Foundation acting within the scope of their au-*  
 10   *thority.*

11          “(2) *PERSONAL LIABILITY.*—A member of the  
 12   *Board shall be personally liable only for gross neg-*  
 13   *ligence in the performance of the duties of the mem-*  
 14   *ber.*

15       “(m) *RESTRICTIONS.*—

16           “(1) *LIMITATION ON SPENDING.*—Beginning  
 17   *with the fiscal year following the first full fiscal year*  
 18   *during which the Foundation is in operation, the ad-*  
 19   *ministrative costs of the Foundation shall not exceed*  
 20   *the percentage described in paragraph (2) of the sum*  
 21   *of—*

22           “(A) *the amounts transferred to the Foun-*  
 23   *dation under subsection (o) during the preceding*  
 24   *fiscal year; and*

1           “(B) donations received from private  
2           sources during the preceding fiscal year.

3           “(2) *PERCENTAGES.*—The percentages referred to  
4           in paragraph (1) are—

5           “(A) for the first fiscal year described in  
6           that paragraph, 20 percent;

7           “(B) for the following fiscal year, 15 per-  
8           cent; and

9           “(C) for each fiscal year thereafter, 10 per-  
10          cent.

11          “(3) *APPOINTMENT AND HIRING.*—The appoint-  
12          ment of officers and employees of the Foundation  
13          shall be subject to the availability of funds.

14          “(4) *STATUS.*—A member of the Board or officer,  
15          employee, or agent of the Foundation shall not by  
16          reason of association with the Foundation be consid-  
17          ered to be an officer, employee, or agent of the United  
18          States.

19          “(n) *AUDITS.*—The Foundation shall comply with sec-  
20          tion 10101 of title 36, United States Code, as if the Founda-  
21          tion were a corporation under part B of subtitle II of that  
22          title.

23          “(o) *FUNDING.*—

24          “(1) *AUTHORIZATION OF APPROPRIATIONS.*—  
25          There is authorized to be appropriated to carry out

subsection (e)(1) \$500,000 for each fiscal year, as adjusted to reflect changes in the Consumer Price Index for all-urban consumers published by the Department of Labor.

“(2) *TRANSFER OF DONATED FUNDS.*—The Secretary shall transfer to the Foundation funds held by the Department of Health and Human Services under the Act of August 5, 1954 (42 U.S.C. 2001 et seq.), if the transfer or use of the funds is not prohibited by any term under which the funds were donated.

**“SEC. 803. ADMINISTRATIVE SERVICES AND SUPPORT.**

“(a) *PROVISION OF SUPPORT BY SECRETARY.*—Subject to subsection (b), during the 5-year period beginning on the date on which the Foundation is established, the Secretary—

“(1) may provide personnel, facilities, and other administrative support services to the Foundation;

“(2) may provide funds for initial operating costs and to reimburse the travel expenses of the members of the Board; and

“(3) shall require and accept reimbursements from the Foundation for—

“(A) services provided under paragraph (1);

and

“(B) funds provided under paragraph (2).

1       “(b) *REIMBURSEMENT.—Reimbursements accepted*  
2 *under subsection (a)(3)—*

3               “(1) *shall be deposited in the Treasury of the*  
4 *United States to the credit of the applicable appro-*  
5 *priations account; and*

6               “(2) *shall be chargeable for the cost of providing*  
7 *services described in subsection (a)(1) and travel ex-*  
8 *penses described in subsection (a)(2).*

9       “(c) *CONTINUATION OF CERTAIN SERVICES.—The Sec-*  
10 *retary may continue to provide facilities and necessary sup-*  
11 *port services to the Foundation after the termination of the*  
12 *5-year period specified in subsection (a) if the facilities and*  
13 *services—*

14               “(1) *are available; and*

15               “(2) *are provided on reimbursable cost basis.”.*

16       “(b) *TECHNICAL AMENDMENTS.—The Indian Self-De-*  
17 *termination and Education Assistance Act is amended—*

18               “(1) *by redesignating the second title V (25 U.S.C.*  
19 *458bbb et seq.) as title VII;*

20               “(2) *by redesignating sections 501, 502, and 503*  
21 *(25 U.S.C. 458bbb, 458bbb–1, 458bbb–2) as sections*  
22 *701, 702, and 703, respectively; and*

23               “(3) *in subsection (a)(2) of section 702 and para-*  
24 *graph (2) of section 703 (as redesignated by para-*



graph (2)), by striking “section 501” and inserting  
 “section 701”.

**TITLE II—IMPROVEMENT OF IN-  
 DIAN HEALTH CARE PRO-  
 VIDED UNDER THE SOCIAL  
 SECURITY ACT**

**SEC. 201. EXPANSION OF PAYMENTS UNDER MEDICARE,  
 MEDICAID, AND SCHIP FOR ALL COVERED  
 SERVICES FURNISHED BY INDIAN HEALTH  
 PROGRAMS.**

(a) *MEDICAID.*—

(1) *EXPANSION TO ALL COVERED SERVICES.*—

Section 1911 of the Social Security Act (42 U.S.C.  
 1396j) is amended—

(A) by amending the section designation  
 and heading to read as follows:

**“SEC. 1911. INDIAN HEALTH PROGRAMS.”;**

and

(B) by amending subsection (a) to read as  
 follows:

“(a) *ELIGIBILITY FOR PAYMENT FOR MEDICAL AS-  
 SISTANCE.*—The Indian Health Service and an Indian  
 Tribe, Tribal Organization, or an Urban Indian Organiza-  
 tion shall be eligible for payment for medical assistance pro-  
 vided under a State plan or under waiver authority with

1 *respect to items and services furnished by the Indian Health*  
2 *Service, Indian Tribe, Tribal Organization, or Urban In-*  
3 *dian Organization if the furnishing of such services meets*  
4 *all the conditions and requirements which are applicable*  
5 *generally to the furnishing of items and services under this*  
6 *title and under such plan or waiver authority.”.*

7 (2) COMPLIANCE WITH CONDITIONS AND RE-  
8 QUIREMENTS.—Subsection (b) of such section is  
9 amended to read as follows:

10 “(b) COMPLIANCE WITH CONDITIONS AND REQUIRE-  
11 MENTS.—A facility of the Indian Health Service or an In-  
12 dian Tribe, Tribal Organization, or an Urban Indian Or-  
13 ganization which is eligible for payment under subsection  
14 (a) with respect to the furnishing of items and services, but  
15 which does not meet all of the conditions and requirements  
16 of this title and under a State plan or waiver authority  
17 which are applicable generally to such facility, shall make  
18 such improvements as are necessary to achieve or maintain  
19 compliance with such conditions and requirements in ac-  
20 cordance with a plan submitted to and accepted by the Sec-  
21 retary for achieving or maintaining compliance with such  
22 conditions and requirements, and shall be deemed to meet  
23 such conditions and requirements (and to be eligible for  
24 payment under this title), without regard to the extent of  
25 its actual compliance with such conditions and require-

1 ments, during the first 12 months after the month in which  
2 such plan is submitted.”.

3 (3) *REVISION OF AUTHORITY TO ENTER INTO*  
4 *AGREEMENTS.*—Subsection (c) of such section is  
5 amended to read as follows:

6 “(c) *AUTHORITY TO ENTER INTO AGREEMENTS.*—The  
7 Secretary may enter into an agreement with a State for  
8 the purpose of reimbursing the State for medical assistance  
9 provided by the Indian Health Service, an Indian Tribe,  
10 Tribal Organization, or an Urban Indian Organization (as  
11 so defined), directly, through referral, or under contracts or  
12 other arrangements between the Indian Health Service, an  
13 Indian Tribe, Tribal Organization, or an Urban Indian  
14 Organization and another health care provider to Indians  
15 who are eligible for medical assistance under the State plan  
16 or under waiver authority.”.

17 (4) *CROSS-REFERENCES TO SPECIAL FUND FOR*  
18 *IMPROVEMENT OF IHS FACILITIES; DIRECT BILLING*  
19 *OPTION; DEFINITIONS.*—Such section is further  
20 amended by striking subsection (d) and adding at the  
21 end the following new subsections:

22 “(d) *SPECIAL FUND FOR IMPROVEMENT OF IHS FA-*  
23 *CILITIES.*—For provisions relating to the authority of the  
24 Secretary to place payments to which a facility of the In-  
25 dian Health Service is eligible for payment under this title

1 into a special fund established under section 401(c)(1) of  
 2 the Indian Health Care Improvement Act, and the require-  
 3 ment to use amounts paid from such fund for making im-  
 4 provements in accordance with subsection (b), see subpara-  
 5 graphs (A) and (B) of section 401(c)(1) of such Act.

6 “(e) *DIRECT BILLING*.—For provisions relating to the  
 7 authority of a Tribal Health Program or an Urban Indian  
 8 Organization to elect to directly bill for, and receive pay-  
 9 ment for, health care items and services provided by such  
 10 Program or Organization for which payment is made under  
 11 this title, see section 401(d) of the Indian Health Care Im-  
 12 provement Act.

13 “(f) *DEFINITIONS*.—In this section, the terms ‘Indian  
 14 Health Program’, ‘Indian Tribe’, ‘Tribal Health Program’,  
 15 ‘Tribal Organization’, and ‘Urban Indian Organization’  
 16 have the meanings given those terms in section 4 of the In-  
 17 dian Health Care Improvement Act.”.

18 (b) *MEDICARE*.—

19 (1) *EXPANSION TO ALL COVERED SERVICES*.—  
 20 Section 1880 of such Act (42 U.S.C. 1395qq) is  
 21 amended—

22 (A) by amending the section designation  
 23 and heading to read as follows:

24 “**SEC. 1880. INDIAN HEALTH PROGRAMS.**”;

25 and

(B) by amending subsection (a) to read as follows:

“(a) *ELIGIBILITY FOR PAYMENTS.*—Subject to subsection (e), the Indian Health Service and an Indian Tribe, Tribal Organization, or an Urban Indian Organization shall be eligible for payments under this title with respect to items and services furnished by the Indian Health Service, Indian Tribe, Tribal Organization, or Urban Indian Organization if the furnishing of such services meets all the conditions and requirements which are applicable generally to the furnishing of items and services under this title.”.

(2) *COMPLIANCE WITH CONDITIONS AND REQUIREMENTS.*—Subsection (b) of such section is amended to read as follows:

“(b) *COMPLIANCE WITH CONDITIONS AND REQUIREMENTS.*—Subject to subsection (e), a facility of the Indian Health Service or an Indian Tribe, Tribal Organization, or an Urban Indian Organization which is eligible for payment under subsection (a) with respect to the furnishing of items and services, but which does not meet all of the conditions and requirements of this title which are applicable generally to such facility, shall make such improvements as are necessary to achieve or maintain compliance with such conditions and requirements in accordance with a plan submitted to and accepted by the Secretary for achiev-



ing or maintaining compliance with such conditions and requirements, and shall be deemed to meet such conditions and requirements (and to be eligible for payment under this title), without regard to the extent of its actual compliance with such conditions and requirements, during the first 12 months after the month in which such plan is submitted.”.

(3) *CROSS-REFERENCES TO SPECIAL FUND FOR IMPROVEMENT OF IHS FACILITIES; DIRECT BILLING OPTION; DEFINITIONS.—*

(A) *IN GENERAL.—*Such section is further amended by striking subsections (c) and (d) and inserting the following new subsections:

“(c) *SPECIAL FUND FOR IMPROVEMENT OF IHS FACILITIES.—*For provisions relating to the authority of the Secretary to place payments to which a facility of the Indian Health Service is eligible for payment under this title into a special fund established under section 401(c)(1) of the Indian Health Care Improvement Act, and the requirement to use amounts paid from such fund for making improvements in accordance with subsection (b), see subparagraphs (A) and (B) of section 401(c)(1) of such Act.

“(d) *DIRECT BILLING.—*For provisions relating to the authority of a Tribal Health Program or an Urban Indian Organization to elect to directly bill for, and receive payment for, health care items and services provided by such

1 *Program or Organization for which payment is made under*  
 2 *this title, see section 401(d) of the Indian Health Care Im-*  
 3 *provement Act.”.*

4 (B) CONFORMING AMENDMENT.—Paragraph  
 5 (3) of section 1880(e) of such Act (42 U.S.C.  
 6 1395qq(e)) is amended by inserting “and section  
 7 401(c)(1) of the Indian Health Care Improve-  
 8 ment Act” after “Subsection (c)”.

9 (4) DEFINITIONS.—Such section is further  
 10 amended by amending subsection (f) to read as fol-  
 11 lows:

12 “(f) DEFINITIONS.—In this section, the terms ‘Indian  
 13 Health Program’, ‘Indian Tribe’, ‘Service Unit’, ‘Tribal  
 14 Health Program’, ‘Tribal Organization’, and ‘Urban In-  
 15 dian Organization’ have the meanings given those terms in  
 16 section 4 of the Indian Health Care Improvement Act.”.

17 (c) APPLICATION TO SCHIP.—Section 2107(e)(1) of  
 18 the Social Security Act (42 U.S.C. 1397gg(e)(1)) is amend-  
 19 ed—

20 (1) by redesignating subparagraph (D) as sub-  
 21 paragraph (E); and

22 (2) by inserting after subparagraph (C), the fol-  
 23 lowing new subparagraph:

1                   “(D) Section 1911 (relating to Indian  
2                   Health Programs, other than subsection (d) of  
3                   such section).”.

4 **SEC. 202. INCREASED OUTREACH TO INDIANS UNDER MED-**  
5 **ICAID AND SCHIP AND IMPROVED COOPERA-**  
6 **TION IN THE PROVISION OF ITEMS AND SERV-**  
7 **ICES TO INDIANS UNDER SOCIAL SECURITY**  
8 **ACT HEALTH BENEFIT PROGRAMS.**

9                   Section 1139 of the Social Security Act (42 U.S.C.  
10 1320b-9) is amended to read as follows:

11 **“SEC. 1139. IMPROVED ACCESS TO, AND DELIVERY OF,**  
12 **HEALTH CARE FOR INDIANS UNDER TITLES**  
13 **XVIII, XIX, AND XXI.**

14                   “(a) AGREEMENTS WITH STATES FOR MEDICAID AND  
15 SCHIP OUTREACH ON OR NEAR RESERVATIONS TO IN-  
16 CREASE THE ENROLLMENT OF INDIANS IN THOSE PRO-  
17 GRAMS.—

18                   “(1) IN GENERAL.—In order to improve the ac-  
19 cess of Indians residing on or near a reservation to  
20 obtain benefits under the Medicaid and State chil-  
21 dren’s health insurance programs established under  
22 titles XIX and XXI, the Secretary shall encourage the  
23 State to take steps to provide for enrollment on or  
24 near the reservation. Such steps may include outreach  
25 efforts such as the outstationing of eligibility workers,

entering into agreements with the Indian Health Service, Indian Tribes, Tribal Organizations, and Urban Indian Organizations to provide outreach, education regarding eligibility and benefits, enrollment, and translation services when such services are appropriate.

“(2) CONSTRUCTION.—Nothing in subparagraph (A) shall be construed as affecting arrangements entered into between States and the Indian Health Service, Indian Tribes, Tribal Organizations, or Urban Indian Organizations for such Service, Tribes, or Organizations to conduct administrative activities under such titles.

“(b) REQUIREMENT TO FACILITATE COOPERATION.—The Secretary, acting through the Centers for Medicare & Medicaid Services, shall take such steps as are necessary to facilitate cooperation with, and agreements between, States and the Indian Health Service, Indian Tribes, Tribal Organizations, or Urban Indian Organizations with respect to the provision of health care items and services to Indians under the programs established under title XVIII, XIX, or XXI.

“(c) DEFINITION OF INDIAN; INDIAN TRIBE; INDIAN HEALTH PROGRAM; TRIBAL ORGANIZATION; URBAN INDIAN ORGANIZATION.—In this section, the terms ‘Indian’, ‘In-

1 *dian Tribe*, ‘*Indian Health Program*’, ‘*Tribal Organiza-*  
 2 *tion*’, and ‘*Urban Indian Organization*’ have the meanings  
 3 *given those terms in section 4 of the Indian Health Care*  
 4 *Improvement Act.*”.

5 **SEC. 203. ADDITIONAL PROVISIONS TO INCREASE OUT-**  
 6 **REACH TO, AND ENROLLMENT OF, INDIANS**  
 7 **IN SCHIP AND MEDICAID.**

8 (a) *NONAPPLICATION OF 10 PERCENT LIMIT ON OUT-*  
 9 *REACH AND CERTAIN OTHER EXPENDITURES.*—Section  
 10 2105(c)(2) of the Social Security Act (42 U.S.C.  
 11 1397ee(c)(2)) is amended by adding at the end the following  
 12 new subparagraph:

13 “(C) *NONAPPLICATION TO EXPENDITURES*  
 14 *FOR OUTREACH TO INCREASE THE ENROLLMENT*  
 15 *OF INDIAN CHILDREN UNDER THIS TITLE AND*  
 16 *TITLE XIX.*—The limitation under subparagraph  
 17 (A) on expenditures for items described in sub-  
 18 section (a)(1)(D) shall not apply in the case of  
 19 expenditures for outreach activities to families of  
 20 Indian children likely to be eligible for child  
 21 health assistance under the plan or medical as-  
 22 sistance under the State plan under title XIX (or  
 23 under a waiver of such plan), to inform such  
 24 families of the availability of, and to assist them  
 25 in enrolling their children in, such plans, includ-



ing such activities conducted under grants, contracts, or agreements entered into under section 1139(a).”.

(b) ASSURANCE OF PAYMENTS TO INDIAN HEALTH CARE PROVIDERS FOR CHILD HEALTH ASSISTANCE.—Section 2102(b)(3)(D) of such Act (42 U.S.C. 1397bb(b)(3)(D)) is amended by striking “(as defined in section 4(c) of the Indian Health Care Improvement Act, 25 U.S.C. 1603(c))” and inserting “, including how the State will ensure that payments are made to Indian Health Programs and Urban Indian Organizations operating in the State for the provision of such assistance”.

(c) INCLUSION OF OTHER INDIAN FINANCED HEALTH CARE PROGRAMS IN EXEMPTION FROM PROHIBITION ON CERTAIN PAYMENTS.—Section 2105(c)(6)(B) of such Act (42 U.S.C. 1397ee(c)(6)(B)) is amended by striking “insurance program, other than an insurance program operated or financed by the Indian Health Service” and inserting “program, other than a health care program operated or financed by the Indian Health Service or by an Indian Tribe, Tribal Organization, or Urban Indian Organization”.

(d) SATISFACTION OF MEDICAID DOCUMENTATION REQUIREMENTS.—

1           (1) *IN GENERAL.*—Section 1903(x)(3)(B) of the  
2       *Social Security Act* (42 U.S.C. 1396b(x)(3)(B)) is  
3       amended—

4           (A) by redesignating clause (v) as clause  
5       (vi); and

6           (B) by inserting after clause (iv), the fol-  
7       lowing new clause:

8           “(v)(I) *Except as provided in subclause (II), a*  
9       *document issued by a federally-recognized Indian*  
10      *tribe evidencing membership or enrollment in, or af-*  
11      *filiation with, such tribe.*

12          “(II) *With respect to those federally-recognized*  
13      *Indian tribes located within States having an inter-*  
14      *national border whose membership includes individ-*  
15      *uals who are not citizens of the United States, the*  
16      *Secretary shall, after consulting with such tribes,*  
17      *issue regulations authorizing the presentation of such*  
18      *other forms of documentation (including tribal docu-*  
19      *mentation, if appropriate) that the Secretary deter-*  
20      *mines to be satisfactory documentary evidence of citi-*  
21      *zenship or nationality for purposes of satisfying the*  
22      *requirement of this subsection.”.*

23          (2) *TRANSITION RULE.*—During the period that  
24      *begins on July 1, 2006, and ends on the effective date*  
25      *of final regulations issued under subclause (II) of sec-*

tion 1903(x)(3)(B)(v) of the Social Security Act (42 U.S.C. 1396b(x)(3)(B)(v)) (as added by paragraph (1)), an individual who is a member of a federally-recognized Indian tribe described in subclause (II) of that section who presents a document described in subclause (I) of such section that is issued by such Indian tribe, shall be deemed to have presented satisfactory evidence of citizenship or nationality for purposes of satisfying the requirement of subsection (x) of section 1903 of such Act.

(e) DEFINITIONS.—Section 2110(c) of such Act (42 U.S.C. 1397jj(c)) is amended by adding at the end the following new paragraph:

“(9) INDIAN; INDIAN HEALTH PROGRAM; INDIAN TRIBE; ETC.—The terms ‘Indian’, ‘Indian Health Program’, ‘Indian Tribe’, ‘Tribal Organization’, and ‘Urban Indian Organization’ have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.”.

1 **SEC. 204. PREMIUMS AND COST SHARING PROTECTIONS**  
 2 **UNDER MEDICAID, ELIGIBILITY DETERMINA-**  
 3 **TIONS UNDER MEDICAID AND SCHIP, AND**  
 4 **PROTECTION OF CERTAIN INDIAN PROPERTY**  
 5 **FROM MEDICAID ESTATE RECOVERY.**

6 (a) *PREMIUMS AND COST SHARING PROTECTION*  
 7 *UNDER MEDICAID.*—

8 (1) *IN GENERAL.*—*Section 1916 of the Social Se-*  
 9 *curity Act (42 U.S.C. 1396o) is amended—*

10 (A) *in subsection (a), in the matter pre-*  
 11 *ceding paragraph (1), by striking “and (i)” and*  
 12 *inserting “, (i), and (j)”;* and

13 (B) *by adding at the end the following new*  
 14 *subsection:*

15 “(j) *NO PREMIUMS OR COST SHARING FOR INDIANS*  
 16 *FURNISHED ITEMS OR SERVICES DIRECTLY BY INDIAN*  
 17 *HEALTH PROGRAMS OR THROUGH REFERRAL UNDER THE*  
 18 *CONTRACT HEALTH SERVICE.*—

19 “(1) *NO COST SHARING FOR ITEMS OR SERVICES*  
 20 *FURNISHED TO INDIANS THROUGH INDIAN HEALTH*  
 21 *PROGRAMS.*—

22 “(A) *IN GENERAL.*—*No enrollment fee, pre-*  
 23 *mium, or similar charge, and no deduction, co-*  
 24 *payment, cost sharing, or similar charge shall be*  
 25 *imposed against an Indian who is furnished an*  
 26 *item or service directly by the Indian Health*

1        *Service, an Indian Tribe, Tribal Organization,*  
2        *or Urban Indian Organization or through refer-*  
3        *ral under the contract health service for which*  
4        *payment may be made under this title.*

5                “(B) NO REDUCTION IN AMOUNT OF PAY-  
6        *MENT TO INDIAN HEALTH PROVIDERS.—Payment*  
7        *due under this title to the Indian Health Service,*  
8        *an Indian Tribe, Tribal Organization, or Urban*  
9        *Indian Organization, or a health care provider*  
10        *through referral under the contract health service*  
11        *for the furnishing of an item or service to an In-*  
12        *dian who is eligible for assistance under such*  
13        *title, may not be reduced by the amount of any*  
14        *enrollment fee, premium, or similar charge, or*  
15        *any deduction, copayment, cost sharing, or simi-*  
16        *lar charge that would be due from the Indian but*  
17        *for the operation of subparagraph (A).*

18                “(2) RULE OF CONSTRUCTION.—Nothing in this  
19        *subsection shall be construed as restricting the appli-*  
20        *cation of any other limitations on the imposition of*  
21        *premiums or cost sharing that may apply to an indi-*  
22        *vidual receiving medical assistance under this title*  
23        *who is an Indian.*

24                “(3) DEFINITIONS.—In this subsection, the terms  
25        *‘contract health service’, ‘Indian’, ‘Indian Tribe’,*



1       *'Tribal Organization', and 'Urban Indian Organiza-*  
 2       *tion' have the meanings given those terms in section*  
 3       *4 of the Indian Health Care Improvement Act."*

4               (2) *CONFORMING AMENDMENT.—Section 1916A*  
 5       *(a)(1) of such Act (42 U.S.C. 1396o–1(a)(1)) is*  
 6       *amended by striking "section 1916(g)" and inserting*  
 7       *"subsections (g), (i), or (j) of section 1916".*

8       (b) *TREATMENT OF CERTAIN PROPERTY FOR MED-*  
 9       *ICAID AND SCHIP ELIGIBILITY.—*

10              (1) *MEDICAID.—Section 1902(e) of the Social*  
 11       *Security Act (42 U.S.C. 1396a) is amended by add-*  
 12       *ing at the end the following new paragraph:*

13       *"(13) Notwithstanding any other requirement of this*  
 14       *title or any other provision of Federal or State law, a State*  
 15       *shall disregard the following property for purposes of deter-*  
 16       *mining the eligibility of an individual who is an Indian*  
 17       *(as defined in section 4 of the Indian Health Care Improve-*  
 18       *ment Act) for medical assistance under this title:*

19              *"(A) Property, including real property and im-*  
 20       *provements, that is held in trust, subject to Federal*  
 21       *restrictions, or otherwise under the supervision of the*  
 22       *Secretary of the Interior, located on a reservation, in-*  
 23       *cluding any federally recognized Indian Tribe's res-*  
 24       *ervation, pueblo, or colony, including former reserva-*  
 25       *tions in Oklahoma, Alaska Native regions established*

1 *by the Alaska Native Claims Settlement Act, and In-*  
2 *Indian allotments on or near a reservation as des-*  
3 *ignated and approved by the Bureau of Indian Af-*  
4 *airs of the Department of the Interior.*

5 “(B) For any federally recognized Tribe not de-  
6 scribed in subparagraph (A), property located within  
7 the most recent boundaries of a prior Federal reserva-  
8 tion.

9 “(C) Ownership interests in rents, leases, royal-  
10 ties, or usage rights related to natural resources (in-  
11 cluding extraction of natural resources or harvesting  
12 of timber, other plants and plant products, animals,  
13 fish, and shellfish) resulting from the exercise of feder-  
14 ally protected rights.

15 “(D) Ownership interests in or usage rights to  
16 items not covered by subparagraphs (A) through (C)  
17 that have unique religious, spiritual, traditional, or  
18 cultural significance or rights that support subsist-  
19 ence or a traditional lifestyle according to applicable  
20 tribal law or custom.”.

21 (2) APPLICATION TO SCHIP.—Section 2107(c)(1)  
22 of such Act (42 U.S.C. 1397gg(c)(1)), as amended by  
23 section 201(c), is amended—

1           (A) by redesignating subparagraphs (B)  
 2           through (E), as subparagraphs (C) through (F),  
 3           respectively; and

4           (B) by inserting after subparagraph (A),  
 5           the following new subparagraph:

6           “(B) Section 1902(e)(13) (relating to dis-  
 7           regard of certain property for purposes of mak-  
 8           ing eligibility determinations).”.

9           (c) CONTINUATION OF CURRENT LAW PROTECTIONS OF  
 10       CERTAIN INDIAN PROPERTY FROM MEDICAID ESTATE RE-  
 11       COVERY.—Section 1917(b)(3) of the Social Security Act (42  
 12       U.S.C. 1396p(b)(3)) is amended—

13           (1) by inserting “(A)” after “(3)”; and

14           (2) by adding at the end the following new sub-  
 15       paragraph:

16       “(B) The standards specified by the Secretary under  
 17       subparagraph (A) shall require that the procedures estab-  
 18       lished by the State agency under subparagraph (A) exempt  
 19       income, resources, and property that are exempt from the  
 20       application of this subsection as of April 1, 2003, under  
 21       manual instructions issued to carry out this subsection (as  
 22       in effect on such date) because of the Federal responsibility  
 23       for Indian Tribes and Alaska Native Villages. Nothing in  
 24       this subparagraph shall be construed as preventing the Sec-

1 retary from providing additional estate recovery exemp-  
2 tions under this title for Indians.”.

3 **SEC. 205. NONDISCRIMINATION IN QUALIFICATIONS FOR**  
4 **PAYMENT FOR SERVICES UNDER FEDERAL**  
5 **HEALTH CARE PROGRAMS.**

6 Section 1139 of the Social Security Act (42 U.S.C.  
7 1320b-9), as amended by section 202, is amended by redес-  
8 ignating subsection (c) as subsection (d), and inserting after  
9 subsection (b) the following new subsection:

10 “(c) NONDISCRIMINATION IN QUALIFICATIONS FOR  
11 PAYMENT FOR SERVICES UNDER FEDERAL HEALTH CARE  
12 PROGRAMS.—

13 “(1) REQUIREMENT TO SATISFY GENERALLY AP-  
14 PPLICABLE PARTICIPATION REQUIREMENTS.—

15 “(A) IN GENERAL.—A Federal health care  
16 program must accept an entity that is operated  
17 by the Indian Health Service, an Indian Tribe,  
18 Tribal Organization, or Urban Indian Organi-  
19 zation as a provider eligible to receive payment  
20 under the program for health care services fur-  
21 nished to an Indian on the same basis as any  
22 other provider qualified to participate as a pro-  
23 vider of health care services under the program  
24 if the entity meets generally applicable State or

1        *other requirements for participation as a pro-*  
2        *vider of health care services under the program.*

3                *“(B) SATISFACTION OF STATE OR LOCAL LI-*  
4        *CENSURE OR RECOGNITION REQUIREMENTS.—*

5        *Any requirement for participation as a provider*  
6        *of health care services under a Federal health*  
7        *care program that an entity be licensed or recog-*  
8        *nized under the State or local law where the en-*  
9        *tity is located to furnish health care services*  
10       *shall be deemed to have been met in the case of*  
11       *an entity operated by the Indian Health Service,*  
12       *an Indian Tribe, Tribal Organization, or Urban*  
13       *Indian Organization if the entity meets all the*  
14       *applicable standards for such licensure or rec-*  
15       *ognition, regardless of whether the entity obtains*  
16       *a license or other documentation under such*  
17       *State or local law. In accordance with section*  
18       *221 of the Indian Health Care Improvement Act,*  
19       *the absence of the licensure of a health care pro-*  
20       *fessional employed by such an entity under the*  
21       *State or local law where the entity is located*  
22       *shall not be taken into account for purposes of*  
23       *determining whether the entity meets such stand-*  
24       *ards, if the professional is licensed in another*  
25       *State.*



1           “(2) *PROHIBITION ON FEDERAL PAYMENTS TO*  
2           *ENTITIES OR INDIVIDUALS EXCLUDED FROM PARTICI-*  
3           *PATION IN FEDERAL HEALTH CARE PROGRAMS OR*  
4           *WHOSE STATE LICENSES ARE UNDER SUSPENSION OR*  
5           *HAVE BEEN REVOKED.—*

6           “(A) *EXCLUDED ENTITIES.—No entity op-*  
7           *erated by the Indian Health Service, an Indian*  
8           *Tribe, Tribal Organization, or Urban Indian*  
9           *Organization that has been excluded from par-*  
10          *ticipation in any Federal health care program*  
11          *or for which a license is under suspension or has*  
12          *been revoked by the State where the entity is lo-*  
13          *cated shall be eligible to receive payment under*  
14          *any such program for health care services fur-*  
15          *nished to an Indian.*

16          “(B) *EXCLUDED INDIVIDUALS.—No indi-*  
17          *vidual who has been excluded from participation*  
18          *in any Federal health care program or whose*  
19          *State license is under suspension or has been re-*  
20          *voked shall be eligible to receive payment under*  
21          *any such program for health care services fur-*  
22          *nished by that individual, directly or through an*  
23          *entity that is otherwise eligible to receive pay-*  
24          *ment for health care services, to an Indian.*

1           “(C) *FEDERAL HEALTH CARE PROGRAM DE-*  
 2           *FINED.*—*In this subsection, the term, ‘Federal*  
 3           *health care program’ has the meaning given that*  
 4           *term in section 1128B(f), except that, for pur-*  
 5           *poses of this subsection, such term shall include*  
 6           *the health insurance program under chapter 89*  
 7           *of title 5, United States Code.”.*

8   **SEC. 206. CONSULTATION ON MEDICAID, SCHIP, AND**  
 9           **OTHER HEALTH CARE PROGRAMS FUNDED**  
 10           **UNDER THE SOCIAL SECURITY ACT INVOLV-**  
 11           **ING INDIAN HEALTH PROGRAMS AND URBAN**  
 12           **INDIAN ORGANIZATIONS.**

13           (a) *IN GENERAL.*—*Section 1139 of the Social Security*  
 14           *Act (42 U.S.C. 1320b–9), as amended by sections 202 and*  
 15           *205, is amended by redesignating subsection (d) as sub-*  
 16           *section (e), and inserting after subsection (c) the following*  
 17           *new subsection:*

18           “(d) *CONSULTATION WITH TRIBAL TECHNICAL ADVI-*  
 19           *SORY GROUP (TTAG).*—*The Secretary shall maintain*  
 20           *within the Centers for Medicaid & Medicare Services (CMS)*  
 21           *a Tribal Technical Advisory Group, established in accord-*  
 22           *ance with requirements of the charter dated September 30,*  
 23           *2003, and in such group shall include a representative of*  
 24           *the Urban Indian Organizations and the Service. The rep-*  
 25           *resentative of the Urban Indian Organization shall be*

1 *deemed to be an elected officer of a tribal government for*  
 2 *purposes of applying section 204(b) of the Unfunded Man-*  
 3 *dates Reform Act of 1995 (2 U.S.C. 1534(b)).”.*

4 (b) *SOLICITATION OF ADVICE UNDER MEDICAID AND*  
 5 *SCHIP.—*

6 (1) *MEDICAID STATE PLAN AMENDMENT.—Sec-*  
 7 *tion 1902(a) of the Social Security Act (42 U.S.C.*  
 8 *1396a(a)) is amended—*

9 (A) *in paragraph (69), by striking “and”*  
 10 *at the end;*

11 (B) *in paragraph (70)(B)(iv), by striking*  
 12 *the period at the end and inserting “; and”; and*

13 (C) *by inserting after paragraph*  
 14 *(70)(B)(iv), the following new paragraph:*

15 “(71) *in the case of any State in which the In-*  
 16 *dian Health Service operates or funds health care*  
 17 *programs, or in which 1 or more Indian Health Pro-*  
 18 *grams or Urban Indian Organizations (as such terms*  
 19 *are defined in section 4 of the Indian Health Care*  
 20 *Improvement Act) provide health care in the State for*  
 21 *which medical assistance is available under such title,*  
 22 *provide for a process under which the State seeks ad-*  
 23 *vice on a regular, ongoing basis from designees of*  
 24 *such Indian Health Programs and Urban Indian Or-*  
 25 *ganizations on matters relating to the application of*

1        *this title that are likely to have a direct effect on such*  
 2        *Indian Health Programs and Urban Indian Organi-*  
 3        *zations and that—*

4                *“(A) shall include solicitation of advice*  
 5                *prior to submission of any plan amendments,*  
 6                *waiver requests, and proposals for demonstration*  
 7                *projects likely to have a direct effect on Indians,*  
 8                *Indian Health Programs, or Urban Indian Or-*  
 9                *ganizations; and*

10                *“(B) may include appointment of an advi-*  
 11                *sory committee and of a designee of such Indian*  
 12                *Health Programs and Urban Indian Organiza-*  
 13                *tions to the medical care advisory committee ad-*  
 14                *vising the State on its State plan under this*  
 15                *title.”.*

16                *(2) APPLICATION TO SCHIP.—Section 2107(e)(1)*  
 17                *of such Act (42 U.S.C. 1397gg(e)(1)), as amended by*  
 18                *section 204(b)(2), is amended—*

19                *(A) by redesignating subparagraphs (B)*  
 20                *through (F) as subparagraphs (C) through (G),*  
 21                *respectively; and*

22                *(B) by inserting after subparagraph (A),*  
 23                *the following new subparagraph:*

24                *“(B) Section 1902(a)(71) (relating to the*  
 25                *option of certain States to seek advice from des-*

ignees of Indian Health Programs and Urban Indian Organizations).”.

(c) *RULE OF CONSTRUCTION.*—Nothing in the amendments made by this section shall be construed as superseding existing advisory committees, working groups, guidance, or other advisory procedures established by the Secretary of Health and Human Services or by any State with respect to the provision of health care to Indians.

**SEC. 207. EXCLUSION WAIVER AUTHORITY FOR AFFECTED INDIAN HEALTH PROGRAMS AND SAFE HARBOR TRANSACTIONS UNDER THE SOCIAL SECURITY ACT.**

(a) *EXCLUSION WAIVER AUTHORITY.*—Section 1128 of the Social Security Act (42 U.S.C. 1320a-7) is amended by adding at the end the following new subsection:

“(k) *ADDITIONAL EXCLUSION WAIVER AUTHORITY FOR AFFECTED INDIAN HEALTH PROGRAMS.*—In addition to the authority granted the Secretary under subsections (c)(3)(B) and (d)(3)(B) to waive an exclusion under subsection (a)(1), (a)(3), (a)(4), or (b), the Secretary may, in the case of an Indian Health Program, waive such an exclusion upon the request of the administrator of an affected Indian Health Program (as defined in section 4 of the Indian Health Care Improvement Act) who determines that the exclusion would impose a hardship on individuals enti-



1 *hed to benefits under or enrolled in a Federal health care*  
 2 *program.”.*

3 (b) CERTAIN TRANSACTIONS INVOLVING INDIAN  
 4 HEALTH CARE PROGRAMS DEEMED TO BE IN SAFE HAR-  
 5 BORS.—Section 1128B(b) of the Social Security Act (42  
 6 U.S.C. 1320a–7b(b)) is amended by adding at the end the  
 7 following new paragraph:

8 “(4) Subject to such conditions as the Secretary may  
 9 promulgate from time to time as necessary to prevent fraud  
 10 and abuse, for purposes of paragraphs (1) and (2) and sec-  
 11 tion 1128A(a), the following transfers shall not be treated  
 12 as remuneration:

13 “(A) TRANSFERS BETWEEN INDIAN HEALTH  
 14 PROGRAMS, INDIAN TRIBES, TRIBAL ORGANIZATIONS,  
 15 AND URBAN INDIAN ORGANIZATIONS.—Transfers of  
 16 anything of value between or among an Indian  
 17 Health Program, Indian Tribe, Tribal Organization,  
 18 or Urban Indian Organization, that are made for the  
 19 purpose of providing necessary health care items and  
 20 services to any patient served by such Program,  
 21 Tribe, or Organization and that consist of—

22 “(i) services in connection with the collec-  
 23 tion, transport, analysis, or interpretation of di-  
 24 agnostic specimens or test data;

25 “(ii) inventory or supplies;

1           “(iii) staff; or

2           “(iv) a waiver of all or part of premiums  
3           or cost sharing.

4           “(B) TRANSFERS BETWEEN INDIAN HEALTH  
5           PROGRAMS, INDIAN TRIBES, TRIBAL ORGANIZATIONS,  
6           OR URBAN INDIAN ORGANIZATIONS AND PATIENTS.—  
7           Transfers of anything of value between an Indian  
8           Health Program, Indian Tribe, Tribal Organization,  
9           or Urban Indian Organization and any patient  
10          served or eligible for service from an Indian Health  
11          Program, Indian Tribe, Tribal Organization, or  
12          Urban Indian Organization, including any patient  
13          served or eligible for service pursuant to section 807  
14          of the Indian Health Care Improvement Act, but only  
15          if such transfers—

16          “(i) consist of expenditures related to pro-  
17          viding transportation for the patient for the pro-  
18          vision of necessary health care items or services,  
19          provided that the provision of such transpor-  
20          tation is not advertised, nor an incentive of  
21          which the value is disproportionately large in re-  
22          lationship to the value of the health care item or  
23          service (with respect to the value of the item or  
24          service itself or, for preventative items or serv-

1           ices, the future health care costs reasonably ex-  
2           pected to be avoided);

3           “(ii) consist of expenditures related to pro-  
4           viding housing to the patient (including a preg-  
5           nant patient) and immediate family members or  
6           an escort necessary to assuring the timely provi-  
7           sion of health care items and services to the pa-  
8           tient, provided that the provision of such housing  
9           is not advertised nor an incentive of which the  
10          value is disproportionately large in relationship  
11          to the value of the health care item or service  
12          (with respect to the value of the item or service  
13          itself or, for preventative items or services, the  
14          future health care costs reasonably expected to be  
15          avoided); or

16          “(iii) are for the purpose of paying pre-  
17          miums or cost sharing on behalf of such a pa-  
18          tient, provided that the making of such payment  
19          is not subject to conditions other than conditions  
20          agreed to under a contract for the delivery of  
21          contract health services.

22          “(C) CONTRACT HEALTH SERVICES.—A transfer  
23          of anything of value negotiated as part of a contract  
24          entered into between an Indian Health Program, In-  
25          dian Tribe, Tribal Organization, Urban Indian Or-

ganization, or the Indian Health Service and a contract care provider for the delivery of contract health services authorized by the Indian Health Service, provided that—

“(i) such a transfer is not tied to volume or value of referrals or other business generated by the parties; and

“(ii) any such transfer is limited to the fair market value of the health care items or services provided or, in the case of a transfer of items or services related to preventative care, the value of the future health care costs reasonably expected to be avoided.

“(D) OTHER TRANSFERS.—Any other transfer of anything of value involving an Indian Health Program, Indian Tribe, Tribal Organization, or Urban Indian Organization, or a patient served or eligible for service from an Indian Health Program, Indian Tribe, Tribal Organization, or Urban Indian Organization, that the Secretary, in consultation with the Attorney General, determines is appropriate, taking into account the special circumstances of such Indian Health Programs, Indian Tribes, Tribal Organizations, and Urban Indian Organizations, and of pa-

1        *tients served by such Programs, Tribes, and Organi-*  
 2        *zations.”.*

3    **SEC. 208. RULES APPLICABLE UNDER MEDICAID AND SCHIP**  
 4                                **TO MANAGED CARE ENTITIES WITH RESPECT**  
 5                                **TO INDIAN ENROLLEES AND INDIAN HEALTH**  
 6                                **CARE PROVIDERS AND INDIAN MANAGED**  
 7                                **CARE ENTITIES.**

8        *(a) IN GENERAL.—Section 1932 of the Social Security*  
 9        *Act (42 U.S.C. 1396u–2) is amended by adding at the end*  
 10       *the following new subsection:*

11        *“(h) SPECIAL RULES WITH RESPECT TO INDIAN EN-*  
 12        *ROLLEES, INDIAN HEALTH CARE PROVIDERS, AND INDIAN*  
 13        *MANAGED CARE ENTITIES.—*

14                                *“(1) ENROLLEE OPTION TO SELECT AN INDIAN*  
 15        *HEALTH CARE PROVIDER AS PRIMARY CARE PRO-*  
 16        *VIDER.—In the case of a non-Indian Medicaid man-*  
 17        *aged care entity that—*

18                                *“(A) has an Indian enrolled with the entity;*  
 19                                *and*

20                                *“(B) has an Indian health care provider*  
 21                                *that is participating as a primary care provider*  
 22                                *within the network of the entity,*  
 23        *insofar as the Indian is otherwise eligible to receive*  
 24        *services from such Indian health care provider and*  
 25        *the Indian health care provider has the capacity to*



1 provide primary care services to such Indian, the con-  
2 tract with the entity under section 1903(m) or under  
3 section 1905(t)(3) shall require, as a condition of re-  
4 ceiving payment under such contract, that the Indian  
5 shall be allowed to choose such Indian health care  
6 provider as the Indian's primary care provider under  
7 the entity.

8 “(2) ASSURANCE OF PAYMENT TO INDIAN  
9 HEALTH CARE PROVIDERS FOR PROVISION OF COV-  
10 ERED SERVICES.—Each contract with a managed  
11 care entity under section 1903(m) or under section  
12 1905(t)(3) shall require any such entity that has a  
13 significant percentage of Indian enrollees (as deter-  
14 mined by the Secretary), as a condition of receiving  
15 payment under such contract to satisfy the following  
16 requirements:

17 “(A) DEMONSTRATION OF PARTICIPATING  
18 INDIAN HEALTH CARE PROVIDERS OR APPLICA-  
19 TION OF ALTERNATIVE PAYMENT ARRANGE-  
20 MENTS.—Subject to subparagraph (E), to—

21 “(i) demonstrate that the number of  
22 Indian health care providers that are par-  
23 ticipating providers with respect to such en-  
24 tity are sufficient to ensure timely access to  
25 covered Medicaid managed care services for

1           those enrollees who are eligible to receive  
2           services from such providers; or

3           “(ii) agree to pay Indian health care  
4           providers who are not participating pro-  
5           viders with the entity for covered Medicaid  
6           managed care services provided to those en-  
7           rollees who are eligible to receive services  
8           from such providers at a rate equal to the  
9           rate negotiated between such entity and the  
10          provider involved or, if such a rate has not  
11          been negotiated, at a rate that is not less  
12          than the level and amount of payment  
13          which the entity would make for the services  
14          if the services were furnished by a partici-  
15          pating provider which is not an Indian  
16          health care provider.

17          “(B) PROMPT PAYMENT.—To agree to make  
18          prompt payment (in accordance with rules ap-  
19          plicable to managed care entities) to Indian  
20          health care providers that are participating pro-  
21          viders with respect to such entity or, in the case  
22          of an entity to which subparagraph (A)(ii) or  
23          (E) applies, that the entity is required to pay in  
24          accordance with that subparagraph.

1           “(C) *SATISFACTION OF CLAIM REQUIRE-*  
2           *MENT.—To deem any requirement for the sub-*  
3           *mission of a claim or other documentation for*  
4           *services covered under subparagraph (A) by the*  
5           *enrollee to be satisfied through the submission of*  
6           *a claim or other documentation by an Indian*  
7           *health care provider that is consistent with sec-*  
8           *tion 403(h) of the Indian Health Care Improve-*  
9           *ment Act.*

10           “(D) *COMPLIANCE WITH GENERALLY APPLI-*  
11           *CABLE REQUIREMENTS.—*

12           “(i) *IN GENERAL.—Subject to clause*  
13           *(ii), as a condition of payment under sub-*  
14           *paragraph (A), an Indian health care pro-*  
15           *vider shall comply with the generally appli-*  
16           *cable requirements of this title, the State*  
17           *plan, and such entity with respect to cov-*  
18           *ered Medicaid managed care services pro-*  
19           *vided by the Indian health care provider to*  
20           *the same extent that non-Indian providers*  
21           *participating with the entity must comply*  
22           *with such requirements.*

23           “(ii) *LIMITATIONS ON COMPLIANCE*  
24           *WITH MANAGED CARE ENTITY GENERALLY*

1                    *APPLICABLE REQUIREMENTS.—An Indian*  
2                    *health care provider—*

3                    *“(I) shall not be required to com-*  
4                    *ply with a generally applicable re-*  
5                    *quirement of a managed care entity*  
6                    *described in clause (i) as a condition of*  
7                    *payment under subparagraph (A) if*  
8                    *such compliance would conflict with*  
9                    *any other statutory or regulatory re-*  
10                   *quirements applicable to the Indian*  
11                   *health care provider; and*

12                   *“(II) shall only need to comply*  
13                   *with those generally applicable require-*  
14                   *ments of a managed care entity de-*  
15                   *scribed in clause (i) as a condition of*  
16                   *payment under subparagraph (A) that*  
17                   *are necessary for the entity’s compli-*  
18                   *ance with the State plan, such as those*  
19                   *related to care management, quality*  
20                   *assurance, and utilization manage-*  
21                   *ment.*

22                   *“(E) APPLICATION OF SPECIAL PAYMENT*  
23                   *REQUIREMENTS FOR FEDERALLY-QUALIFIED*  
24                   *HEALTH CENTERS AND ENCOUNTER RATE FOR*

*SERVICES PROVIDED BY CERTAIN INDIAN  
HEALTH CARE PROVIDERS.—*

*“(i) FEDERALLY-QUALIFIED HEALTH  
CENTERS.—*

*“(I) MANAGED CARE ENTITY PAY-  
MENT REQUIREMENT.—To agree to pay  
any Indian health care provider that  
is a federally-qualified health center  
but not a participating provider with  
respect to the entity, for the provision  
of covered Medicaid managed care  
services by such provider to an Indian  
enrollee of the entity at a rate equal to  
the amount of payment that the entity  
would pay a federally-qualified health  
center that is a participating provider  
with respect to the entity but is not an  
Indian health care provider for such  
services.*

*“(II) CONTINUED APPLICATION OF  
STATE REQUIREMENT TO MAKE SUP-  
PLEMENTAL PAYMENT.—Nothing in  
subclause (I) or subparagraph (A) or  
(B) shall be construed as waiving the  
application of section 1902(bb)(5) re-*



1            *garding the State plan requirement to*  
2            *make any supplemental payment due*  
3            *under such section to a federally-quali-*  
4            *fied health center for services furnished*  
5            *by such center to an enrollee of a man-*  
6            *aged care entity (regardless of whether*  
7            *the federally-qualified health center is*  
8            *or is not a participating provider with*  
9            *the entity).*

10            *“(ii) CONTINUED APPLICATION OF EN-*  
11            *COUNTER RATE FOR SERVICES PROVIDED BY*  
12            *CERTAIN INDIAN HEALTH CARE PRO-*  
13            *VIDERS.—If the amount paid by a managed*  
14            *care entity to an Indian health care pro-*  
15            *vider that is not a federally-qualified health*  
16            *center and that has elected to receive pay-*  
17            *ment under this title as an Indian Health*  
18            *Service provider under the July 11, 1996,*  
19            *Memorandum of Agreement between the*  
20            *Health Care Financing Administration*  
21            *(now the Centers for Medicare & Medicaid*  
22            *Services) and the Indian Health Service for*  
23            *services provided by such provider to an In-*  
24            *dian enrollee with the managed care entity*  
25            *is less than the encounter rate that applies*

1           to the provision of such services under such  
2           memorandum, the State plan shall provide  
3           for payment to the Indian health care pro-  
4           vider of the difference between the applicable  
5           encounter rate under such memorandum  
6           and the amount paid by the managed care  
7           entity to the provider for such services.

8           “(F) CONSTRUCTION.—Nothing in this  
9           paragraph shall be construed as waiving the ap-  
10          plication of section 1902(a)(30)(A) (relating to  
11          application of standards to assure that payments  
12          are consistent with efficiency, economy, and  
13          quality of care).

14          “(3) OFFERING OF MANAGED CARE THROUGH IN-  
15          DIAN MEDICAID MANAGED CARE ENTITIES.—If—

16               “(A) a State elects to provide services  
17               through Medicaid managed care entities under  
18               its Medicaid managed care program; and

19               “(B) an Indian health care provider that is  
20               funded in whole or in part by the Indian Health  
21               Service, or a consortium composed of 1 or more  
22               Tribes, Tribal Organizations, or Urban Indian  
23               Organizations, and which also may include the  
24               Indian Health Service, has established an In-  
25               dian Medicaid managed care entity in the State

1           that meets generally applicable standards re-  
2           quired of such an entity under such Medicaid  
3           managed care program,  
4           the State shall offer to enter into an agreement with  
5           the entity to serve as a Medicaid managed care entity  
6           with respect to eligible Indians served by such entity  
7           under such program.

8           “(4) SPECIAL RULES FOR INDIAN MANAGED CARE  
9           ENTITIES.—The following are special rules regarding  
10          the application of a Medicaid managed care program  
11          to Indian Medicaid managed care entities:

12                 “(A) ENROLLMENT.—

13                         “(i) LIMITATION TO INDIANS.—An In-  
14                         dian Medicaid managed care entity may re-  
15                         strict enrollment under such program to In-  
16                         dians and to members of specific Tribes in  
17                         the same manner as Indian Health Pro-  
18                         grams may restrict the delivery of services  
19                         to such Indians and tribal members.

20                         “(ii) NO LESS CHOICE OF PLANS.—  
21                         Under such program the State may not  
22                         limit the choice of an Indian among Med-  
23                         icaid managed care entities only to Indian  
24                         Medicaid managed care entities or to be  
25                         more restrictive than the choice of managed

care entities offered to individuals who are not Indians.

“(iii) DEFAULT ENROLLMENT.—

“(I) IN GENERAL.—If such program of a State requires the enrollment of Indians in a Medicaid managed care entity in order to receive benefits, the State, taking into consideration the criteria specified in subsection (a)(4)(D)(ii)(I), shall provide for the enrollment of Indians described in subclause (II) who are not otherwise enrolled with such an entity in an Indian Medicaid managed care entity described in such clause.

“(II) INDIAN DESCRIBED.—An Indian described in this subclause, with respect to an Indian Medicaid managed care entity, is an Indian who, based upon the service area and capacity of the entity, is eligible to be enrolled with the entity consistent with subparagraph (A).

“(iv) EXCEPTION TO STATE LOCK-IN.—

A request by an Indian who is enrolled

1           under such program with a non-Indian  
2           Medicaid managed care entity to change en-  
3           rollment with that entity to enrollment with  
4           an Indian Medicaid managed care entity  
5           shall be considered cause for granting such  
6           request under procedures specified by the  
7           Secretary.

8           “(B) FLEXIBILITY IN APPLICATION OF SOL-  
9           VENCY.—In applying section 1903(m)(1) to an  
10          Indian Medicaid managed care entity—

11           “(i) any reference to a ‘State’ in sub-  
12          paragraph (A)(ii) of that section shall be  
13          deemed to be a reference to the ‘Secretary’;  
14          and

15           “(ii) the entity shall be deemed to be a  
16          public entity described in subparagraph  
17          (C)(ii) of that section.

18          “(C) EXCEPTIONS TO ADVANCE DIREC-  
19          TIVES.—The Secretary may modify or waive the  
20          requirements of section 1902(w) (relating to pro-  
21          vision of written materials on advance direc-  
22          tives) insofar as the Secretary finds that the re-  
23          quirements otherwise imposed are not an appro-  
24          priate or effective way of communicating the in-  
25          formation to Indians.



1                   “(D) FLEXIBILITY IN INFORMATION AND  
2                   MARKETING.—

3                   “(i) MATERIALS.—The Secretary may  
4                   modify requirements under subsection (a)(5)  
5                   to ensure that information described in that  
6                   subsection is provided to enrollees and po-  
7                   tential enrollees of Indian Medicaid man-  
8                   aged care entities in a culturally appro-  
9                   priate and understandable manner that  
10                  clearly communicates to such enrollees and  
11                  potential enrollees their rights, protections,  
12                  and benefits.

13                  “(ii) DISTRIBUTION OF MARKETING  
14                  MATERIALS.—The provisions of subsection  
15                  (d)(2)(B) requiring the distribution of mar-  
16                  keting materials to an entire service area  
17                  shall be deemed satisfied in the case of an  
18                  Indian Medicaid managed care entity that  
19                  distributes appropriate materials only to  
20                  those Indians who are potentially eligible to  
21                  enroll with the entity in the service area.

22                  “(5) MALPRACTICE INSURANCE.—Insofar as,  
23                  under a Medicaid managed care program, a health  
24                  care provider is required to have medical malpractice  
25                  insurance coverage as a condition of contracting as a

1        *provider with a Medicaid managed care entity, an*  
 2        *Indian health care provider that is—*

3                *“(A) a federally-qualified health center that*  
 4                *is covered under the Federal Tort Claims Act (28*  
 5                *U.S.C. 1346(b), 2671 et seq.);*

6                *“(B) providing health care services pursu-*  
 7                *ant to a contract or compact under the Indian*  
 8                *Self-Determination and Education Assistance*  
 9                *Act (25 U.S.C. 450 et seq.) that are covered*  
 10               *under the Federal Tort Claims Act (28 U.S.C.*  
 11               *1346(b), 2671 et seq.); or*

12               *“(C) the Indian Health Service providing*  
 13               *health care services that are covered under the*  
 14               *Federal Tort Claims Act (28 U.S.C. 1346(b),*  
 15               *2671 et seq.);*

16        *are deemed to satisfy such requirement.*

17               *“(6) DEFINITIONS.—For purposes of this sub-*  
 18               *section:*

19               *“(A) INDIAN HEALTH CARE PROVIDER.—*  
 20               *The term ‘Indian health care provider’ means an*  
 21               *Indian Health Program or an Urban Indian Or-*  
 22               *ganization.*

23               *“(B) INDIAN; INDIAN HEALTH PROGRAM;*  
 24               *SERVICE; TRIBE; TRIBAL ORGANIZATION; URBAN*  
 25               *INDIAN ORGANIZATION.—The terms ‘Indian’, ‘In-*

dian Health Program', 'Service', 'Tribe', 'tribal organization', 'Urban Indian Organization' have the meanings given such terms in section 4 of the Indian Health Care Improvement Act.

“(C) INDIAN MEDICAID MANAGED CARE ENTITY.—The term ‘Indian Medicaid managed care entity’ means a managed care entity that is controlled (within the meaning of the last sentence of section 1903(m)(1)(C)) by the Indian Health Service, a Tribe, Tribal Organization, or Urban Indian Organization, or a consortium, which may be composed of 1 or more Tribes, Tribal Organizations, or Urban Indian Organizations, and which also may include the Service.

“(D) NON-INDIAN MEDICAID MANAGED CARE ENTITY.—The term ‘non-Indian Medicaid managed care entity’ means a managed care entity that is not an Indian Medicaid managed care entity.

“(E) COVERED MEDICAID MANAGED CARE SERVICES.—The term ‘covered Medicaid managed care services’ means, with respect to an individual enrolled with a managed care entity, items and services that are within the scope of items and services for which benefits are avail-

1           able with respect to the individual under the con-  
2           tract between the entity and the State involved.

3           “(F) *MEDICAID MANAGED CARE PRO-*  
4           *GRAM.*—The term ‘Medicaid managed care pro-

5           gram’ means a program under sections 1903(m)  
6           and 1932 and includes a managed care program  
7           operating under a waiver under section 1915(b)  
8           or 1115 or otherwise.”.

9           (b) *APPLICATION TO SCHIP.*—Section 2107(e)(1) of  
10          such Act (42 U.S.C. 1397gg(1)), as amended by section  
11          206(b)(2), is amended by adding at the end the following  
12          new subparagraph:

13                   “(H) Subsections (a)(2)(C) and (h) of sec-  
14                   tion 1932.”.

15          **SEC. 209. ANNUAL REPORT ON INDIANS SERVED BY SOCIAL**  
16                   **SECURITY ACT HEALTH BENEFIT PROGRAMS.**

17          Section 1139 of the Social Security Act (42 U.S.C.  
18          1320b–9), as amended by the sections 202, 205, and 206,  
19          is amended by redesignating subsection (e) as subsection (f),  
20          and inserting after subsection (d) the following new sub-  
21          section:

22                   “(e) *ANNUAL REPORT ON INDIANS SERVED BY*  
23                   *HEALTH BENEFIT PROGRAMS FUNDED UNDER THIS*  
24                   *ACT.*—Beginning January 1, 2007, and annually there-  
25                   after, the Secretary, acting through the Administrator of the

1 *Centers for Medicare & Medicaid Services and the Director*  
2 *of the Indian Health Service, shall submit a report to Con-*  
3 *gress regarding the enrollment and health status of Indians*  
4 *receiving items or services under health benefit programs*  
5 *funded under this Act during the preceding year. Each such*  
6 *report shall include the following:*

7           “(1) *The total number of Indians enrolled in, or*  
8 *receiving items or services under, such programs,*  
9 *disaggregated with respect to each such program.*

10           “(2) *The number of Indians described in para-*  
11 *graph (1) that also received health benefits under pro-*  
12 *grams funded by the Indian Health Service.*

13           “(3) *General information regarding the health*  
14 *status of the Indians described in paragraph (1),*  
15 *disaggregated with respect to specific diseases or con-*  
16 *ditions and presented in a manner that is consistent*  
17 *with protections for privacy of individually identifi-*  
18 *able health information under section 264(c) of the*  
19 *Health Insurance Portability and Accountability Act*  
20 *of 1996.*

21           “(4) *A detailed statement of the status of facili-*  
22 *ties of the Indian Health Service or an Indian Tribe,*  
23 *Tribal Organization, or an Urban Indian Organiza-*  
24 *tion with respect to such facilities’ compliance with*  
25 *the applicable conditions and requirements of titles*



1        *AVIII, XIX, and XXI, and, in the case of title XIX*  
2        *or XXI, under a State plan under such title or under*  
3        *waiver authority, and of the progress being made by*  
4        *such facilities (under plans submitted under section*  
5        *1880(b), 1911(b) or otherwise) toward the achieve-*  
6        *ment and maintenance of such compliance.*

7                *“(5) Such other information as the Secretary de-*  
8        *termines is appropriate.”.*















Union Calendar No. 444

110TH CONGRESS  
2D Session

**H. R. 1328**

[Report No. 110-564, Part I]

## A BILL

To amend the Indian Health Care Improvement  
Act to revise and extend that Act.

JUNE 6, 2008

Committees on Energy and Commerce and Ways and  
Means discharged; committed to the Committee of the  
Whole House on the State of the Union and ordered  
to be printed